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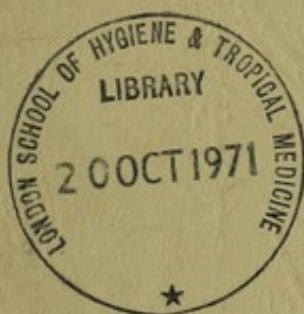
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COUNTY COUNCIL OF DURHAM



ANNUAL REPORT of the  
COUNTY MEDICAL OFFICER OF HEALTH  
CHIEF WELFARE OFFICER AND  
PRINCIPAL SCHOOL MEDICAL OFFICER

STANLEY LUDKIN, M.D., B.S., D.P.H.

for the YEAR 1970



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for the YEAR 1970

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HEALTH AND WELFARE DEPARTMENT,  
COUNTY HALL,  
DURHAM.  
SEPTEMBER, 1971.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report on the combined Health, Welfare and School Health Service for the administrative county for the year 1970. In doing so, I have followed the pattern established last year, comments on the various services being made under each section and detailed statistical data being provided so far as possible in a separate section. Information relating to the Health, School Health and Welfare services provided by the Easington Rural District Council, under the scheme for delegation of functions, is included separately.

The welfare responsibilities hitherto controlled by the Health Committee were transferred to the new Social Services department at the end of the year and as this will, therefore, be the last occasion when I shall report on these particular services I thought it appropriate to include in the information provided on them an indication of the very considerable expansion achieved during the past 10 years. Much of this progress has had to proceed in a climate of financial restraint made more difficult by shortage of qualified staff who had in the main to be recruited as trainees before being seconded on professional training courses.

It is now obvious that from April 1974 all aspects of the Health Service (Hospital, General Medical Practitioner and Local Health Authority) are to be co-ordinated within a unified health service operating outside local government control, and furthermore the structure of local government itself is to be altered in the near future. Legislation in relation to both these major changes is still awaited but it is clear that whatever the ultimate pattern, public health departments as known over the past half century will cease to exist and the epidemiological and preventive medical, nursing, child health and ancillary services they now provide will be administered by area health authorities set up to replace the existing tri-partite system of controlling the National Health Service. This situation, which introduces a possible separation of health and welfare service beyond that produced by separate Health and Social Services departments within the same authority, needs special consideration. Preparation for these changes will undoubtedly call for much effort, re-thinking and retraining within the next three years and a well defined system is essential to ensure adequate co-ordination and collaboration between local government and the new health authorities to enable the optimum service to the community to be provided at minimum cost.

Turning to events in 1970, the general health of the community continues to be satisfactory, The birth rate for the administrative county at 15.6 per 1,000 population compares with the lowest recorded rate of 15.5 noted in 1969 while the percentage of illegitimate live births remained at the 1969 level of 6.0. Although this is the highest attained since 1945, it is 2 below the figure for England and Wales. The Registrar General's mid-1970 estimate of population when compared with the 1969 figure shows a marginal decrease. Death rates in all age groups show little variation from last year's levels.

Liaison with the hospital service, general practitioners and voluntary organisations operating within the area has been maintained during the year and the policy of aligning nursing staff with general practitioners extended to more areas. This is of particular significance in view of the steady expansion of the scheme for providing more comprehensive health services during the next few years. One of the most challenging features of this scheme has been the planning of facilities for Washington new town where the aim is to accommodate a population of some 80,000 by the end of the century. At the time of writing, one health centre has been completed and two more are planned to phase in with the anticipated population growth. One of these health centres, which will be associated with the new town centre, is scheduled to include accommodation for hospital out-patient clinics as well as special provision for geriatric and psychiatric day care, physiotherapy and radiological facilities. It is gratifying to report that the County Council policy of providing health centres wherever possible and appropriate is being implemented with increasing speed. Details of the satisfactory achievement in this field of activity are outlined in the body of the report. The technique of network analysis has played an increasing part in linking all phases of the building programme to a predetermined timetable.



With the support of the Local Medical Committee and general medical practitioners a survey in family planning services was carried out and published in "Community Medicine" during the year.

Arrangements for the ascertainment and reporting of congenital malformations in the newborn continue to operate satisfactorily and notifications are submitted monthly to the Office of Population Censuses and Surveys. Any marked deviation in the number of notifications relating to any category is investigated.

The appointment of a principal senior medical officer in April 1970 to be responsible for the statistical section, and research and evaluation in the department, made it possible to initiate a number of projects during the year. One of these has been the setting up, as from 1st January 1971, of a fully computerised Observation Register to replace an existing At Risk Register. As with the computerised Vaccination and Immunisation scheme—now applied to all areas of the county—this new register will be an integral part of a comprehensive child data bank which it is hoped will eventually include a monitoring system incorporating visual display units.

The adoption in 1969 of the Guthrie test as the standard method for ascertaining phenylketonuria in the newborn while introducing a more accurate test has not produced any problems and the routine is now well established. A standard form of documentation has been adopted throughout the region and co-operation from all concerned is uniformly good.

Water supplies in the administrative county are obtained from a number of undertakings, some of which also supply localities outside the county area. In most cases the distribution system does not permit areas averse to fluoridation to be supplied in isolation and this has resulted in a random development of the fluoridation programme. Certain parts of the northern area of the county have been receiving treated supplies from the Newcastle and Gateshead Water Company since October 1968 and it is estimated that 103,000 consumers are involved. In September 1970 the Durham County Water Board introduced fluoridation at one of their reservoirs and it is estimated that approximately 156,000 consumers receive their water supply from this source.

Finally, as we now embark on a period of considerable change, I wish to express my warm appreciation of the loyal support I have received from my staff and for the help and understanding of the members of the Health Committee.

Your obedient servant,

STANLEY LUDKIN,  
County Medical Officer.

## STAFF OF THE COUNTY HEALTH DEPARTMENT

### COUNTY MEDICAL OFFICER OF HEALTH

Stanley Ludkin, M.D., B.S., D.P.H.

### DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

R. G. Hendry, M.B., Ch.B., D.P.H., D.(Obst.) R.C.O.G. (until 28.2.70)

J. M. O'Brien, M.B., Ch.B., D.P.H. (from 4.5.70)

### PRINCIPAL SENIOR MEDICAL OFFICERS

*Administration*—K. D. Mason, M.B., B.S., D.P.H., D.C.H., D.T.M. & H., D.I.H., M.B.E.

E. M. Osborne, M.B., Ch.B., D.P.H., D.C.H., D.(Obst.) R.C.O.G. (part-time)

*Child Health*—N. V. Crowley, M.B., B.Ch., B.A.O., D.C.H., D.P.H., L.M.

*Geriatrics*—M. A. Loraine, B.Sc., M.B., Ch.B., D.C.H., D.P.H.

*Field Research and Evaluation*—A. Sutherland, M.D., D.P.H., D.(Obst.) R.C.O.G.  
(from 6.4.70)

### SENIOR MEDICAL OFFICERS

*Maternity and Child Welfare*—I. M. S. Gillie, M.B., Ch.B., D.P.H.

*Schools*—A. Wilkinson, L.R.C.P., L.M., L.R.C.S.I., D.P.H.

*Paediatrics*—M. Timperley, M.B., Ch.B., D.C.H.

### CLINICAL MEDICAL OFFICERS

16 Whole-time

14 Part-time



#### ASSISTANT COUNTY MEDICAL OFFICERS

Area No. 1.	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H.
Area No. 2.	H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H. (until 27.1.70) G. H. Whalley, M.B., B.S., B.Hy., D.P.H., D.M.A., F.C.C.S. (from 23.2.70)
Area No. 3	P. F. A. Pereira, M.B., B.S., D.P.H.
Area No. 4.	J. L. Siddle, M.B., B.S., D.P.H.
Area No. 5.	P. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H. (until 31.5.70)
Area No. 6.	G. A. Macgregor, M.D., D.P.H.
Area No. 7.	R. G. Drummond, M.B., Ch.B., D.P.H.
Area No. 8.	A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
Area No. 9.	E. M. Osborne, M.B., Ch.B., D.P.H., D.C.H., D.(Obst.) R.C.O.G.

#### MEDICAL OFFICER OF HEALTH—DELEGATED AUTHORITY

Easington R.D.—J. W. A. Rodgers, M.B., B.Ch., D.P.H.

#### 6 CONSULTANT OCULISTS (part-time)

#### CONSULTANT PAEDIATRICIANS FOR SPECIAL SCHOOLS (part-time)

J. D. Andrew, M.B., Ch.B., M.R.C.P., D.C.H.—  
Windlestone Hall Residential Special School for Delicate Pupils.

#### PSYCHIATRISTS (part-time)

E. M. Bruce, M.B., B.S., D.P.M.  
M. Walley, M.B., Ch.B., D.P.M.  
M. A. Lewis, M.B., B.S., D.P.M.

#### 1 DENTAL ANAESTHETIST (part-time)

#### 2 CONSULTANT DENTAL ANAESTHETISTS (part-time)

#### 1 CONSULTANT ORTHODONTIST (part-time)

#### PRINCIPAL SCHOOL DENTAL OFFICER

M. M. Lishman, L.D.S., R.C.S.

#### 3 SENIOR DENTAL OFFICERS

#### DENTAL OFFICERS

11 Whole-time

8 Part-time

COUNTY HEALTH INSPECTOR

T. S. Yarrow, C.R.S.H., F.A.P.H.I.

1 Assistant County Health Inspector

CHIEF NURSING OFFICER

Miss J. M. Ball, S.R.N., S.C.M., H.V.Cert., H.V. Tutor Cert., Q.I.D.N.

HEALTH VISITING SERVICE

SUPERINTENDENT

Miss M. Pattison, S.R.N., S.C.M. (Part 1), R.F.N., H.V. Cert., Nursing Administration (Public Health)

1 Deputy Superintendent.                      4 Area Superintendents

116 Health Visitors (including 15 part-time)

SCHOOL NURSING SERVICE

33 School Nurses.

MIDWIFERY AND NURSING SERVICES

SUPERINTENDENT

Mrs E. Hedley, S.R.N., S.C.M.

1 Deputy Superintendent.                      103 District Nurses.  
70 District Midwives (including 3 part-time)      12 District Nurse-Midwives.

CHIEF NURSING OFFICER—Easington R.D.

Miss A. Howarth, S.R.N., S.C.M., H.V. Cert., Q.N.S.

NURSERY

1 Matron.                      18 Other Staff.

MENTAL HEALTH

EXECUTIVE OFFICER (vacant)

5 Senior Mental Welfare Officers

25 Mental Welfare Officers.

TRAINING CENTRES FOR THE MENTALLY SUBNORMAL

8 Supervisors	} Junior Training Centres.	8 Superintendents	} Adult Training Centres.
49 Other Staff		61 Other Staff	

HOSTELS FOR THE MENTALLY SUBNORMAL

Wardens 4	Deputy Wardens 3
Matrons 2	Housemothers 4

Other Staff 25



### DOMESTIC HELP SERVICE

1 Organiser.                      19 Assistant Organisers

### HANDICAPPED PERSONS

SENIOR EXECUTIVE SOCIAL WORKER

A. B. McManus

4 Senior Social Workers

21 Social Workers                      2 Occupational Therapists.

### BLIND PERSONS

12 Social Welfare Officers

### FAMILY WELFARE

1 SENIOR FAMILY WELFARE OFFICER

### AMBULANCE SERVICE

AMBULANCE OFFICER

C. G. Dewen

2 Staff Officers

23 Central Control Staff.

14 Depot Superintendents

1 Depot Telephonist.

1 Switchboard Operator.

316 Driver-attendants.

4 Mechanics.

### WELFARE SERVICES—RESIDENTIAL ACCOMMODATION

ADMINISTRATIVE OFFICER

J. Scott

2 Superintendents.

3 Wardens.

32 Matrons.

490 Other Staff.

KOZTSTATCOMMITTEES NOTICE

The statutory duties placed upon the County Council in the field of public health generally and by the National Health Service Act 1946, the Health Services and Public Health Act 1968, the Mental Health Act 1959 and the National Assistance Act 1948 and 1952 in particular were transferred in their entirety by the Health Committee until 31st December 1968. For the purposes of the National Health Service Act, standing committees composed of serving members of the Health Committee were established in the following manner:-

Committee Name	Members
Maternity and Child Health	1961
Optician	1961
Health Services and Public Health	1973
Mental Health	1973
E. E. R. P. R. County Council	1973

With the exception of the Mental Health Sub-Committee which met at two monthly intervals, the sub-committees were established in accordance with the provisions of the National Health Service Act 1946 and the National Assistance Act 1948. The Health Committee, also composed of serving members of the Health Committee and having monthly meetings, was established in accordance with the provisions of the National Health Service Act 1946.

PART I

Under a delegation of functions, the Local District Council of Kingston have administered certain services in their area since 1961.

LOCAL HEALTH AND WELFARE  
AUTHORITY SERVICES

The number of meetings held by the local health sub-committees during the year is as follows:-

No. of Meetings	Name of County District	Number of Meetings	Name of County District
1	Hydon U.D.	14	Hydon U.D.
2	Leeds U.D.	14	Leeds U.D.
3	Leeds U.D.	14	Leeds U.D.
4	Leeds U.D.	14	Leeds U.D.
5	Leeds U.D.	14	Leeds U.D.
6	Leeds U.D.	14	Leeds U.D.
7	Leeds U.D.	14	Leeds U.D.
8	Leeds U.D.	14	Leeds U.D.
9	Leeds U.D.	14	Leeds U.D.
10	Leeds U.D.	14	Leeds U.D.
11	Leeds U.D.	14	Leeds U.D.
12	Leeds U.D.	14	Leeds U.D.
13	Leeds U.D.	14	Leeds U.D.
14	Leeds U.D.	14	Leeds U.D.
15	Leeds U.D.	14	Leeds U.D.
16	Leeds U.D.	14	Leeds U.D.
17	Leeds U.D.	14	Leeds U.D.
18	Leeds U.D.	14	Leeds U.D.
19	Leeds U.D.	14	Leeds U.D.
20	Leeds U.D.	14	Leeds U.D.
21	Leeds U.D.	14	Leeds U.D.
22	Leeds U.D.	14	Leeds U.D.
23	Leeds U.D.	14	Leeds U.D.
24	Leeds U.D.	14	Leeds U.D.
25	Leeds U.D.	14	Leeds U.D.
26	Leeds U.D.	14	Leeds U.D.
27	Leeds U.D.	14	Leeds U.D.
28	Leeds U.D.	14	Leeds U.D.
29	Leeds U.D.	14	Leeds U.D.
30	Leeds U.D.	14	Leeds U.D.

## COMMITTEES

The statutory duties placed upon the County Council in the field of public health generally and by the National Health Service Act 1946, the Health Service and Public Health Act 1968, the Mental Health Act 1959 and the National Assistance Acts of 1948 and 1951 in particular, were discharged in their entirety by the Health Committee until 31st December 1970. For the purposes of the National Health Service Acts, standing committees composed of serving members of the Health Committee were responsible for the following services:—

- Maternity and Child Health.
- Ambulances.
- Midwifery, Home Nursing, Health Visiting and Domestic Help.
- Mental Health.
- E. F. Peile County Convalescent Home.

With the exception of the Mental Health Sub-Committee, which met at two monthly intervals, the sub-committees met each month except August. Administration of the services provided under the National Assistance Acts was effected through a Welfare Sub-Committee, also composed of serving members of the Health Committee and having monthly meetings.

Under a delegation of functions, the Rural District Council of Easington have administered certain services in their area since 1961.

### AREA HEALTH SUB-COMMITTEES

The number of meetings held by the area health sub-committees during the year in accordance with the scheme adopted by the County Council in 1948 was as follows:—

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.	No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.
1	Blaydon U.D. Ryton U.D. Whickham U.D.	20	4	6	Crook and Willington U.D. Tow Law U.D. Weardale R.D.	18	4
2	Jarrow Borough Felling U.D. Hebburn U.D.	21	4	7	Durham Borough Brandon & Byshottles U.D. Spennymoor U.D. Durham R.D. Sedgefield R.D. Stockton R.D.	35	4
3	Consett U.D. Stanley U.D. Lanchester R.D.	21	4	8	Barnard Castle U.D. Barnard Castle R.D.	15	4
4	Chester-le-Street U.D. Chester-le-Street R.D.	16	4	9	Bishop Auckland U.D. Shildon U.D. Darlington R.D.	19	4
5	Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D.	25	4				



## SECTION A—GENERAL STATISTICS

Area (in acres) ... ..	594,743
Registrar General's estimate of population, mid-1970 ... ..	823,720
Rateable value as at the 1st April, 1970 ... ..	£25,314,191
Sum represented by a penny rate ... ..	£101,906

### LIVE BIRTHS

	1969			1970		
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Legitimate ... ..	6,224	5,772	11,996	6,068	5,967	12,035
Illegitimate ... ..	391	373	764	430	356	786
<b>Totals ... ..</b>	<b>6,615</b>	<b>6,145</b>	<b>12,760</b>	<b>6,498</b>	<b>6,323</b>	<b>12,821</b>

	<i>Administrative County,</i>			<i>England and Wales.</i>
	<i>1968</i>	<i>1969</i>	<i>1970</i>	<i>1970</i>
Live birth rate per 1,000 population ... ..	16.1	15.5	15.6	16.0
Illegitimate live births per cent of total live births ...	5.7	6.0	6.0	8.0
Stillbirths ... ..	202	215	172	
Stillbirth rate per 1,000 total live and stillbirths ...	15.0	17.0	13.0	13.0
Total live and stillbirths ... ..	13,506	12,975	12,993	
Infant deaths (deaths under 1 year) ... ..	266	207	242	
Infant mortality rates:—				
Total infant deaths per 1,000 total live births ...	20.0	16.0	19.0	18.0
Legitimate infant deaths per 1,000 legitimate live births	18.8	16.0	19.0	17.0
Illegitimate infant deaths per 1,000 illegitimate live births	39.8	20.0	24.0	26.0
Neo-natal mortality rate (deaths under four weeks) per 1,000 total live births ... ..	13.2	11.0	13.0	12.0
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births ... ..	11.1	10.0	12.0	11.0
Perinatal mortality rate (stillbirths and deaths under one week combined) per 1,000 total live and stillbirths ...	25.9	26.0	25.0	23.0
Maternal deaths (including abortion) ... ..	7	3	2	
Maternal mortality rate per 1,000 total live and stillbirths	0.52	0.23	0.15	0.18
Total deaths from all causes ... ..	9,506	9,988	9,722	
Death rate per 1,000 population ... ..	11.5	12.1	11.8	11.7

### AREA.

The administrative county consists of two municipal boroughs, 20 urban districts and 9 rural districts. The area of each of these districts is given in Table 1, Part III. The mean density of population is 1.39 persons per acre.

### POPULATION.

The Registrar General's estimate of population for the Administrative County for mid-year 1970 is 823,720 which shows a decrease of 1,680 compared with his estimate for mid-year 1969.



### BIRTHS AND BIRTH-RATES.

The adjusted birth-rate for the administrative county, in accordance with the comparability factor (1.0) supplied by the Registrar General, is 15.6 per 1,000 population. Birth statistics for sanitary districts are shown in Table 1, Part III.

Hospital confinements comprised 85% of the total, the remaining 15% being domiciliary. Details of domiciliary and hospital confinements for the past five years are as follows :—

Year.	Percentage of Total Confinements.	
	Domiciliary.	Hospital.
1966	29	71
1967	26	74
1968	23	77
1969	18	82
1970	15	85

### DEATHS AND DEATH-RATES.

The adjusted death-rate for the administrative county, in accordance with the comparability factor (1.16) supplied by the Registrar General, is 13.7 per 1,000 population.

The main causes of death in the administrative county were diseases of the heart and circulatory system (52.71%)—of which coronary disease figured prominently (25.96% of total deaths); all forms of cancer (19.02%)—of which 24.50% was due to cancer of the lung; bronchitis (5.99%) and pneumonia (5.77%).

Table 2—Part III gives a comparison of the percentages of deaths in certain age groups from the beginning of the century and further mortality statistics are provided in Tables 1 and 3 Part III.

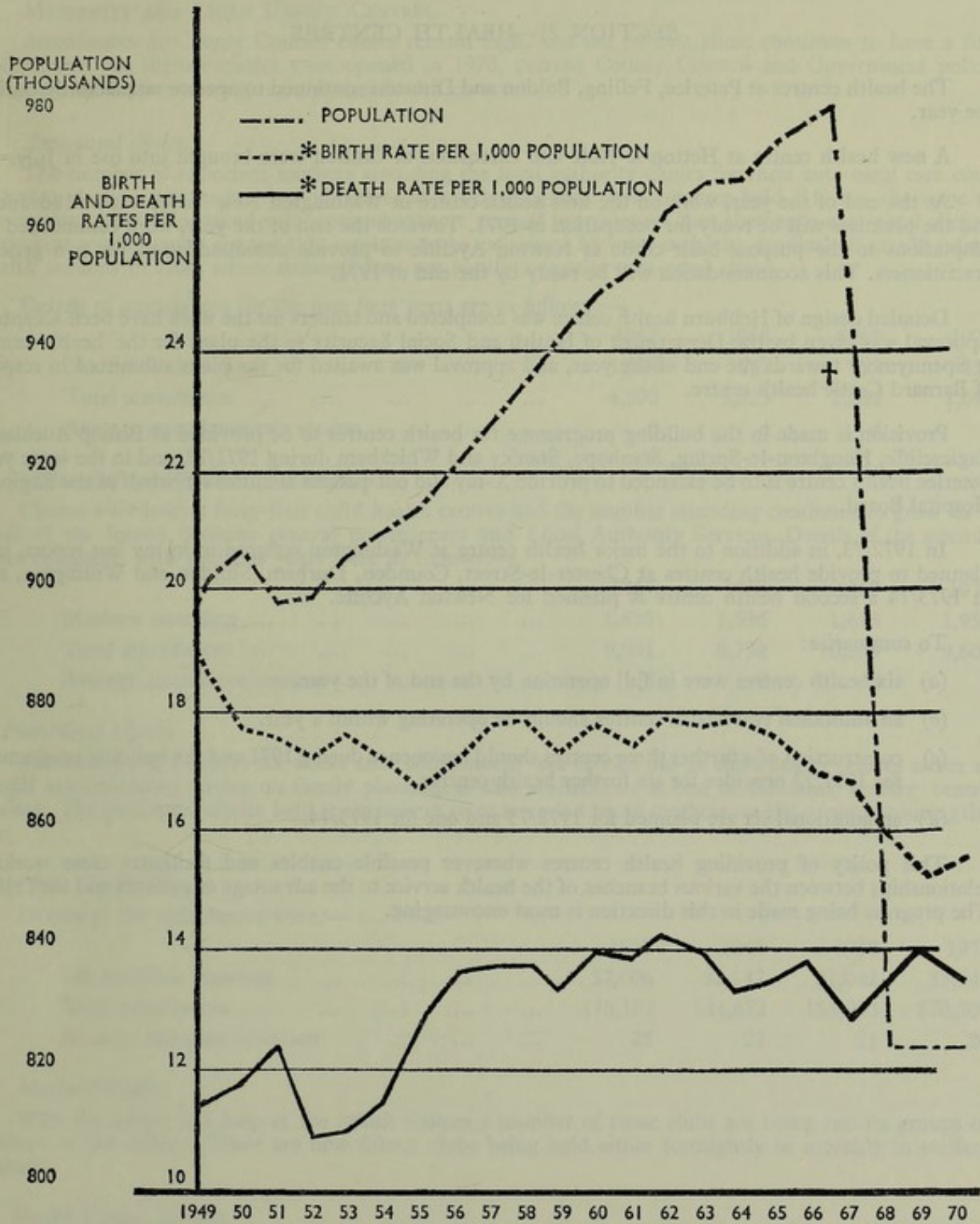
### INFANT MORTALITY.

A comparison of infant mortality statistics for the past ten years is given in Table 4—Part III together with similar comparisons of the rates for perinatal mortality, early neonatal mortality and infant mortality one week to one year.

### VITAL STATISTICS 1949-70.

The following graph shows comparative population statistics and birth and death rates for the past 22 years.

VITAL STATISTICS 1949—1970



\* CRUDE RATES 1949—1954  
 RATES ADJUSTED BY COMPARABILITY FACTOR 1955—1969  
 † BOUNDARY CHANGES



## SECTION B—NATIONAL HEALTH SERVICE ACT, 1946

### SECTION 21—HEALTH CENTRES

The health centres at Peterlee, Felling, Boldon and Dunston continued to operate satisfactorily during the year.

A new health centre at Hetton-le-Hole and extensions at Chilton were brought into use in July.

At the end of the year, work on the first health centre in Washington New Town was well advanced and the premises will be ready for occupation in 1971. Towards the end of the year, work commenced on adaptations to the purpose-built clinic at Newton Aycliffe to provide accommodation for two general practitioners. This accommodation will be ready by the end of 1971.

Detailed design of Hebburn health centre was completed and tenders for the work have been accepted. Approval was given by the Department of Health and Social Security to the plans for the health centre at Spennymoor towards the end of the year, and approval was awaited for the plans submitted in respect of Barnard Castle health centre.

Provision is made in the building programme for health centres to be provided at Bishop Auckland, Eaglescliffe, Houghton-le-Spring, Stanhope, Stanley and Whickham during 1971/72, and in the same year Peterlee health centre is to be extended to provide X-ray and out-patient facilities on behalf of the Regional Hospital Board.

In 1972/73, in addition to the major health centre at Washington referred to in my last report, it is planned to provide health centres at Chester-le-Street, Coundon, Durham, Shildon and Willington, and in 1973/74 a second health centre is planned for Newton Aycliffe.

To summarise:

- (a) six health centres were in full operation by the end of the year,
- (b) an additional two health centres should be operating within a year.
- (c) construction of a further three centres should commence during 1971 and the building programme for 1971/72 provides for six further health centres.
- (d) an additional six are planned for 1972/73 and one for 1973/74.

This policy of providing health centres wherever possible enables and facilitates close working relationships between the various branches of the health service to the advantage of patients and staff alike. The progress being made in this direction is most encouraging.



## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

### A. MATERNITY AND CHILD HEALTH CENTRES.

Attendances at County Council clinics remain high, and the Mobile clinic continues to have a full programme. No further clinics were opened in 1970, current County Council and Government policy being to develop community care within health centres.

#### 1. *Ante-natal clinics.*

The number of expectant mothers attending the local authority clinics for their ante-natal care continued to decline, but the number of centres at which ante-natal sessions were held (11) was the same as the previous year. This trend will continue as more general practitioners start their own ante-natal clinics. Expectant mothers who request this continue to be examined by local authority medical officers at infant health sessions in areas where demand does not justify a regular ante-natal clinic.

Details of attendances for the past four years are as follows :—

	1967	1968	1969	1970
No. on clinic register ... ..	1,318	767	721	452
Total attendances ... ..	4,590	3,023	2,082	1,698
Average attendance per session ... ..	6	4	4	4

#### 2. *Mothercraft and Relaxation Classes.*

Classes were held at forty-four child health centres and the number attending continued to grow as a result of the liaison between general practitioners and Local Authority Services. Details of the attendances compared with previous years were as follows:—

	1967	1968	1969	1970
Mothers attending ... ..	1,675	1,536	1,633	1,956
Total attendances ... ..	9,991	8,752	10,299	9,605
Average attendance/session ... ..	5	5	5	5

#### 3. *Post-Natal Clinics.*

Examination of mothers six weeks after confinement was carried out at child health centres either at special sessions when advice on family planning is also available or at one of the other welfare centre sessions. The post-natal clinics held at six centres were attended by 46 mothers on 104 occasions during the year.

#### 4. *Child Health Clinics.*

Details of the attendances were:—

	1967	1968	1969	1970
No. on clinic registers ... ..	37,006	32,147	31,082	33,141
Total attendances ... ..	178,187	141,672	153,283	170,300
Average attendance/session ... ..	25	22	21	24

#### 5. *Mothers' Clubs.*

With the advice and help of the health visitors a number of these clubs are being run by groups of mothers in the county. There are now fifteen clubs being held either fortnightly or monthly in welfare centres.

#### 6. *Health Visitor Sessions.*

Sessions held by the Health Visitors for the screening tests of hearing continued to be carried out and are also utilized to see mothers by appointment to discuss family and other problems. The total attendances at these sessions was 12,897, the average per session being nine.



#### 7. *Birth Control Clinics.*

Advice on family planning was given at special sessions in seven local authority centres. During the year, a clinic, run by hospital staff, commenced at Shotley Bridge General Hospital close liaison being maintained with health visiting staff. The Family Planning Association operate 11 clinics in the county, seven in Council premises free of rent, the County Council continuing to take financial responsibility for cases referred on medical grounds, Advice on family planning at the seven local authority clinics was sought by 336 mothers and the total attendances was 765.

#### 8. *"At Risk" Register and Congenital Malformations.*

For a number of years it has been the policy to maintain a record of all children in whom there appear to be factors in the ante-natal and/or immediate post-natal period which pre-dispose to future physical or mental defects. Such children are seen routinely at intervals after delivery. At the end of the year there were 6,382 names on the register as compared with 4,600 in 1969. In the light of national re-thinking on this subject since it was originally discussed in the Sheridan Report, the present system has been reviewed and from 1st January, 1971, the information is to be maintained in a computer-based Observation Register. Under reciprocal arrangements between local health authorities, information collected on children at risk is passed on in respect of such children who move from one local health authority area to another.

Since 1963 details of all notifications of congenital malformations noted in the newborn children of parents resident in the administrative county, and reported by hospital and domiciliary midwives, have been passed to the Office of Population Censuses and Surveys. During the year a total of 178 cases in live born infants was notified and a further 26 stillborn infants.

#### 9. *Audiology Service.*

It is generally accepted that severe deafness is often congenital in origin and is present early in life. Lack of reaction to noises or delay in commencing to talk may be symptomatic of the condition and can usually prompt investigation but, to obtain maximum effect, any remedial action must be taken in the very early years of life. During the year a review of the arrangements for ascertaining deafness in children living in the administrative county was carried out and a number of changes introduced to improve the ascertainment procedures, the follow-up process and the record system.

The audiology scheme is outlined diagrammatically on page 20 and reference is made here only to specific points. As far as possible, all children are tested routinely and initially between the ages of 9 and 12 months by a health visitor, special attention being paid to children who are included in the Observation Register (i.e. children who are considered to be particularly prone to develop a handicap in later life).

If the deafness appears to be a remedial condition such as enlarged tonsils, the child's own doctor is asked to agree to referral to an otologist and after treatment a follow-up is arranged by the medical officer. If, on the other hand, the deafness appears to be due to mental retardation, a hearing assessment by the Senior Medical Officer concerned with audiology, the Organiser of Deaf Education and the Senior Audiometrician is arranged. The outcome of the assessment may be that the child is maintained under observation for a further period or referred to an otologist, paediatrician or educational psychologist. On the question of education, the Organiser for Deaf Education may be asked to anticipate a future need for some form of special education which may necessitate short or long term admission to a partially hearing unit or to a deaf school. Audiology training of deaf children and their parents is also carried out in their homes by the Organiser for Deaf Education and by peripatetic teachers. Close co-operation with the general practitioner and the recording and channelling of information are essential features at all stages.

Two otology clinics, conducted by consultants undertaking sessional work for the County Council, are available for referrals from within the area of the administrative county. Whenever she is available, the Principal Senior Medical Officer for Child Health is in attendance but at all times the Senior Medical Officer responsible for Audiology, the Organiser for Deaf Education and the Senior Audiometrician are present.



The desirability of early ascertainment and assessment has been mentioned. To this end, every effort is made to encourage the attendance of children at clinics but where for any reason there is a negative response the health visitor may carry out a screening test in the home. Such a test cannot, however, be regarded as effective as one carried out in a clinic environment where extraneous noise levels can be more effectively controlled. Where neither clinic nor home test materialises, the health visitor will attempt to persuade the mother to consult her own family doctor, emphasis being placed on the possible effects of deafness on the child's development and the facilities available for avoiding or mitigating them. Another problem which faces the health visitor is the following up of children who are not brought for further testing when results of previous screening are unsatisfactory.

It will be seen that the success of the service depends to a very large extent on efficient team work, not only within the local health authority but extending to consultants, general practitioners and hospital staffs. The specialised training of medical officers and health visitors is also essential if the scheme is to develop its full potential and considerable progress has already been made in this direction. In-service training has enabled all health visitors to become competent in the screening techniques and a number of medical officers have attended courses on the subject. It is hoped that as the opportunity for secondment on courses in developmental assessment increases, all medical staff will ultimately have the benefit of training.

School children can be readily assessed at school, "sweep" testing being well established. The main disadvantage of screening this age group is that the opportunity to institute remedial measures when they can produce the maximum benefit has been lost. Nevertheless, the facilities already described for the pre-school child are available for the school child who may have been screened in his earlier years but who has been missed or has since developed a condition resulting in loss of hearing.

#### 10. Welfare Foods.

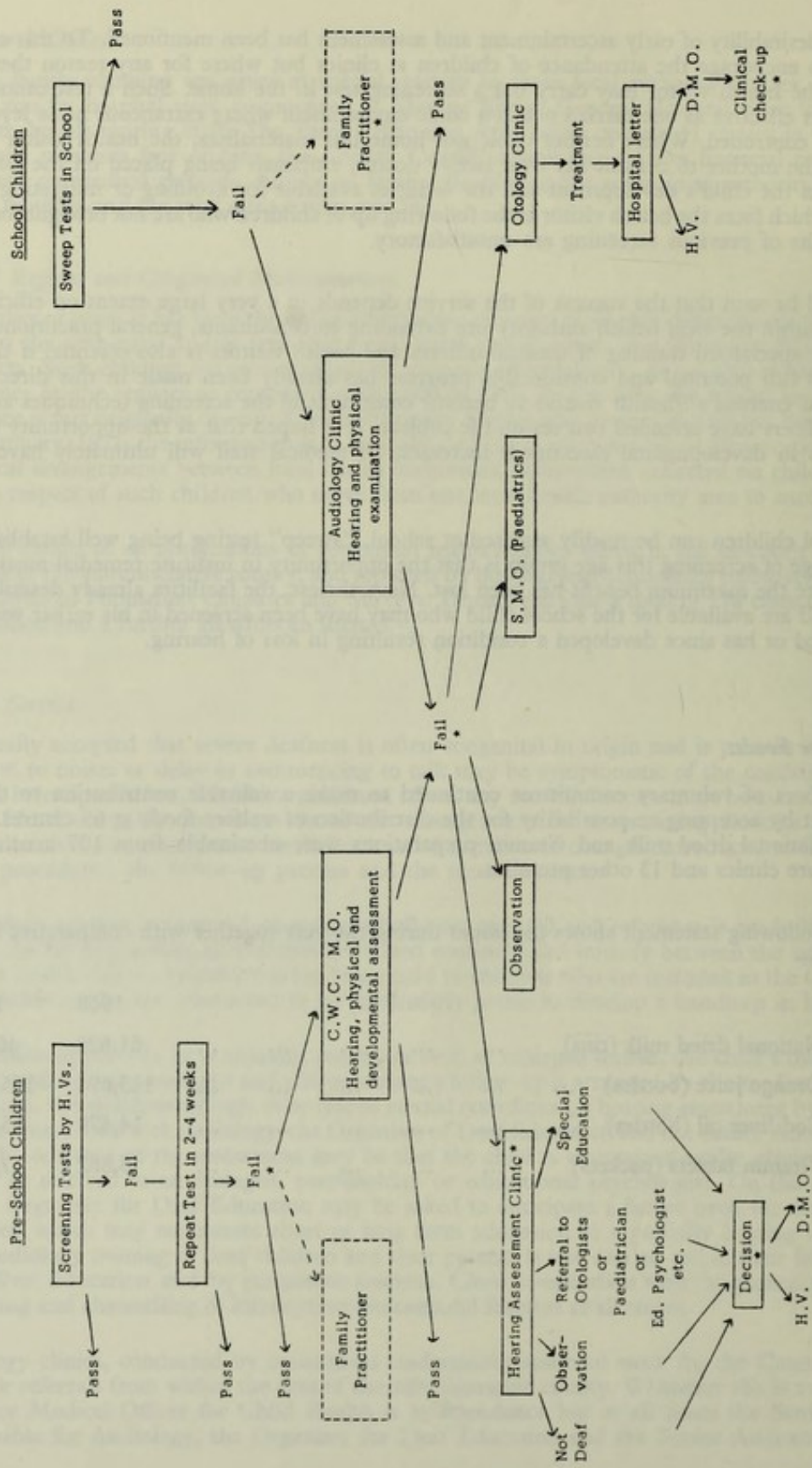
Members of voluntary committees continued to make a valuable contribution to the work of the department by accepting responsibility for the distribution of welfare foods at 69 centres. At the end of the year National dried milk and vitamin preparations were obtainable from 107 centres including all child welfare clinics and 13 other premises.

The following statement shows the issues during the year together with comparative figures for 1968 and 1969:—

						1968	1969	1970
National dried milk (tins)	...	...	...	...	...	61,620	46,238	37,258
Orange juice (bottles)	...	...	...	...	...	113,694	155,697	185,237
Cod liver oil (bottles)	...	...	...	...	...	14,479	15,520	14,921
Vitamin tablets (packets)	...	...	...	...	...	5,802	7,450	8,676



AUDIOLOGY SERVICE  
SCHEMATIC OUTLINE



\* Indicates notification to M. & C.W. Department or Central Data Bank.

### B. DENTAL TREATMENT OF MOTHERS AND YOUNG CHILDREN.

Treatment for the priority Dental Service was carried out at 20 permanent clinics and 7 mobile dental vans.

Attendance figures for 1970 were:—

	Mothers.	Children.
First visits ... ..	132	237
Subsequent visits ... ..	185	257
Total visits ... ..	317	494
Additional courses of treatment commenced ... ..	16	4
Fillings ... ..	171	335
Teeth filled ... ..	181	290
Teeth extracted ... ..	178	275
General Anaesthetics ... ..	42	108
Emergencies ... ..	11	11
Patients X-rayed ... ..	11	2
Prophylaxis ... ..	81	54
Teeth otherwise conserved ... ..	—	31
Courses of treatment completed ... ..	109	146
Patients supplied with full upper or lower denture (First time) ... ..	6	—
Patients supplied with other dentures ... ..	20	—
Number of dentures supplied ... ..	35	—
First inspections ... ..	70	308
Requiring treatment ... ..	57	182
Offered treatment ... ..	55	172

### C. CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

Accommodation for unmarried mothers and their babies is provided by the County Council at Fir Tree Grange—formerly known as Smelt House and opened in 1957. Prior to that time, similar accommodation was available at St. Monica's Home, Bishop Auckland and Ramside Hostel, near Durham both administered by the Durham Diocesan Moral Welfare Association to which the County Council made annual grants.

Comparative details for the years 1960 and 1970 are as follows:—

	1960	1970
Beds ... ..	12	*16
Cots ... ..	8	**16
Admissions (expectant mothers) ... ..	50	53
Average stay prior to confinement ... ..	6 weeks	5 weeks
Average stay after confinement ... ..	6 weeks	2 weeks 2 days

\*Reduced from 17 during 1970.

\*\*Increased from 9 during 1970.

In 1970 the number of mothers accommodated elsewhere, either when there are no vacancies at Fir Tree Grange or when this is considered advisable, fell to 13.



#### D. E. F. PEILE HOME, SHOTLEY BRIDGE.

This convalescent home, which is administered by the County Council, has accommodation for nine mothers with infants and 24 children. Recommendations for convalescence are made by general practitioners, assistant welfare and medical officers, health visitors and hospital medical social workers. At the time of this report the Home is approved by the Department of Health and Social Security for the training of nursery nurses, and five students were under training at the end of the year.

Arising from a survey of the number of admissions to the home, carried out in 1969, it was apparent that there were occasions when the accommodation was not fully utilised and this was reflected in the comparatively high cost per resident day. County Council policy up to that time had been to exclude single women, those without children and mothers whose children exceeded five years of age. It was felt that if the facilities provided by the Home were to be extended to include some of these women, more effective use could be made of the accommodation, some reduction in the cost per resident effected and the Council's expenditure in financing convalescent holidays in premises provided by outside organisations might also be brought down. During 1970, eleven women were accepted under these relaxed conditions of admission. No staffing problems were created and mothers with young children were in no way affected.

Comparative details of admissions for 1950, 1960 and 1970 are as follows:—

<i>Admissions</i>	1950		1960		1970	
	<i>No.</i>	<i>Average stay in days</i>	<i>No.</i>	<i>Average stay in days</i>	<i>No.</i>	<i>Average stay in days</i>
Mothers ... ..	95	20	124	23	93	19
Infants ... ..	107	20	116	23	37	14
Children ... ..	206	34	267	25	156	23

#### E. DAY NURSERIES.

Day nurseries were originally instituted as a war-time measure to release mothers for employment. In 1950 there were seven in the County, including two which provided overnight accommodation. In April of that year Bishop Auckland Nursery was transferred to the Children Committee.

In 1960 there were four nurseries and overnight accommodation was no longer provided.

Since April, 1968, the Day Nursery at Hebburn, which is approved for training purposes, has been the only one run by the County Council. It provides 65 places and the average attendance during 1970 was 53, compared with 54 in 1969.

#### F. COUNTY FEDERATION OF VOLUNTARY WORKERS.

Quarterly meetings continue to be held and members benefit from talks given by workers engaged in a specific field as well as from the exchange of ideas and information regarding the various services.

#### G. PERINATAL MORTALITY.

During the year there were 322 perinatal deaths (stillbirths plus deaths in the first week of life) compared with 337 in 1969.

An investigation first started in 1956 and continued annually in the Stanley and Consett Urban Districts into the circumstances of all stillbirths and early neonatal deaths and including post mortem examinations of the infants has continued. The results of these investigations are reported at meetings of general practitioners, hospital medical staffs and local health authority medical officers in the area. Information on the cause of death, associated avoidable factors, etc. is provided and discussed.

The importance of adequate ante-natal care and proper selection of hospital cases becomes very obvious during these investigations. The co-operative effort between general practitioners, hospital and local health authority services is found to be very beneficial.



## H. PREMATUREITY.

The number of premature live births was 902 compared with 885 in the previous year. The proportions of all premature live births for the two years were 7.0% and 6.9% respectively.

The neonatal mortality rate for premature babies was 117.5 per 1,000 premature live births compared with a rate of 5.0 for mature infants.

Details of premature births according to place of delivery and birth weight are given below:—

Weight at Birth.	Born in Hospital.			Born at home or in a nursing home.					
				Nursed entirely at home or in a nursing home.			Transferred to hospital on or before 28th day.		
	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.
2 lb. 3 oz. or less ...	47	38	81	—	—	—	1	1	100
2 lb. 3 oz.— 3 lb. 4 oz. ...	63	25	40	—	—	—	5	1	20
3 lb. 4 oz.— 4 lb. 6 oz. ...	132	19	14	2	1	50	9	3	33
4 lb. 6 oz.— 4 lb. 15 oz. ...	190	11	6	6	—	—	2	—	—
4 lb. 15 oz.— 5 lb. 8 oz. ...	414	7	2	28	—	—	3	—	—
Totals ...	846	100	12	36	1	3	20	5	25

*Care of Premature Infants Born at Home.* Equipment for the home nursing of premature infants including lined "Sorrento" cots, with mattress, blankets, sheets and hot water bottles is available at short notice to any midwife who requires it.

For some years a special unit for premature infants has operated at both the Richard Murray Hospital, Blackhill, and Dryburn Hospital, Durham. After the closure of Richard Murray Hospital in February 1971, the facility will be provided at Shotley Bridge Hospital. If in other areas, institutional treatment is considered desirable the general practitioner arranges admission to a paediatric unit.

An incubator for the transport to hospital of premature babies is maintained at a controlled temperature at Dryburn Hospital ready for immediate use by the Ambulance Service. Similar provision exists at Newcastle upon Tyne, Darlington, Gateshead, South Shields, Sunderland and Hartlepool Ambulance Depots and at four hospitals in the County area.



## I. MATERNAL MORTALITY.

The following are details of maternal mortality in the county during the past ten years :-

		<i>Births registered (live and still).</i>	<i>No. of Maternal deaths.</i>	<i>Maternal Mortality Rate. per 1,000 births registered.</i>
1961	...	17,806	5	0.28
1962	...	18,269	6	0.33
1963	...	17,983	4	0.22
1964	...	18,087	2	0.11
1965	...	17,940	4	0.22
1966	...	17,293	2	0.12
1967	...	16,288	2	0.12
1968	...	13,506	7	0.52
1969	...	12,975	3	0.23
1970	...	12,993	2	0.15

As in the past details of all maternal deaths are scrutinised by a Regional Consultant who reports direct to the Department of Health and Social Security on the existence of avoidable factors. This decision is arrived at after consideration of information collected by me from appropriate sources, e.g. general practitioners, hospitals and local health authority services.

## J. MATERNITY LIAISON COMMITTEES.

During the year there were meetings of two Maternity Liaison Committees in the area, at Sunderland and Shotley Bridge.

SECTION 23—MIDWIFERY

(i) STAFF.

At the end of the year 67 full-time and 3 part-time district midwives and 12 district nurse-midwives, (who spent approximately one third of their time on midwifery duties) were employed and relief work was undertaken by seven midwives. Difficulties in recruitment resulted in a shortage of staff in certain areas.

Car allowances were paid to 63 district midwives who used their own cars on duty.

The following numbers of midwives gave notice of intention to practise in the administrative county during the year:—

District midwives	...	...	...	...	...	79
District nurse-midwives	...	...	...	...	...	11
Midwives in hospitals	...	...	...	...	...	116
Midwives in private practice	...	...	...	...	...	1
						207

(ii) CASES.

Although domiciliary confinements continued to decrease, a greater proportion of patients were discharged from hospital before the tenth day. The percentage of those patients returning home within 48 hours of delivery was the same as for 1969. A doctor was present at 13% of the domiciliary confinements.

	1968	1969	1970
Domiciliary confinements during the year	3,051 (23%)	2,347 (18%)	2,004 (15%)
Total hospital confinements	10,364 (77%)	10,665 (82%)	11,035 (85%)
Hospital patients discharged before the tenth day	5,987 (58% of hospital deliveries).	6,962 (65% of hospital deliveries).	7,652 (69% of hospital deliveries).
Hospital patients discharged within 48 hrs. of delivery	1,125 (11% of hospital deliveries).	1,593 (15% of hospital deliveries).	1,661 (15% of hospital deliveries).

Midwives continued to attend relaxation and mothercraft classes at child health clinics.

The following gives details of work undertaken during 1970:—

	Doctor not booked.		Doctor booked.		Totals.	Discharges from hospital before 10th day.
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.		
District midwives and nurse-midwives...	15	15	249	1,715	1,994	7,648
Midwives in private practice	—	1	6	3	10	4
<b>Total</b>	<b>15</b>	<b>16</b>	<b>255</b>	<b>1,718</b>	<b>2,004</b>	<b>7,652</b>



(iii) COURSES AND TRAINING.

Lectures by senior nursing administrative staff were given to groups of pupil midwives, and domiciliary midwifery training continued under the supervision of ten teaching midwives. All 22 pupils were successful in Part II of the examination of the Central Midwives Board.

Student midwives from Bishop Auckland General Hospital and Thorpe Maternity Hospital, Easington received experience in Part II domiciliary training.

Obstetric students from Dryburn Hospital and Bishop Auckland General Hospital accompanied district midwives for experience as part of their training.

Eight student midwives took part in the Dryburn Hospital, Durham integrated experimental midwifery training scheme and were successful in their examination.

Post graduate courses were attended by 20 district midwives in accordance with the rule of the Central Midwives Board.

The following give details of work undertaken during 1970—

Doctors from hospital before 10th day	Total	Doctor booked		Doctor not booked	
		Doctor present at delivery	Doctor present at delivery	Doctor present at delivery	Doctor present at delivery
7,648	1,704	1,712	249	12	12
4	10	3	8	1	—
7,652	1,714	1,715	257	13	12



## SECTION 24—HEALTH VISITING

### PERSONNEL.

Staff shortages continued throughout the year. The situation improved after completion of the 1969/70 training course for student health visitors who were allocated to 16 areas. More part-time staff were employed although some of this increase was due to full-time members of staff changing to part-time employment. Area staff meetings continued to be held in Durham, Stanley, Houghton-le-Spring and Bishop Auckland areas with the usual full staff meeting combining business with a lecture/discussion on a topical subject.

Regular in-service training of staff continued including a course of training in the ascertainment of deafness in young children and family planning. Groups of health visitors attended lectures on the child psychiatry service given by Dr. Walley so completing the attendance of all staff. Six senior health visitors, attending the course on management at the Durham Technical College, were successful in obtaining the National Education Board Certificate in Supervisory Studies. Three health visitors attended a course of training as Field Work Instructors at St. Aidan's College, Durham and invitations were accepted for individual members of the staff to attend Darlington Technical College for a study day on "Epilepsy", and the County Hall, Durham on "Home Safety" and "The Battered Baby Syndrome".

There were fewer applicants for student health visitor training, and some of the candidates also required sponsorship for the three months' obstetric course prior to taking the health visitor student course. Two students who re-sat part of their examination and all sixteen students on the current course, were successful in obtaining the health visitor's certificate.

At the end of the year, the health visiting staff numbered 116 including 15 part-time workers.

### WORK-LOAD

Since the health visitor's work-load encompasses all aspects of the work of the Department, only a brief summary will be attempted here in an effort to avoid repetition:—

#### *Health Education*

The Health Education Officer and his staff assisted health visitors in planning regular topics and providing demonstration material and other aids. An increasing amount of work is carried out in schools, in child health clinics and in patients' homes and talks were given to professional and other groups. Three health visitors continued contact tracing and health education in relation to venereal disease.

#### *Screening tests*

Health visitors assisted at the multiple screening clinic in the Bishop Auckland area (Section 28 gives details) and administered the scheme for detecting phenylketonuria by means of the Guthrie test. This involved liaison between parents, general practitioners and paediatricians in cases requiring further investigation and advice to parents in the care of children with this condition. The valuable work carried out by health visitors in the early detection of deaf children has already been described in Section 22.

#### *Tuberculosis*

Health visitors continued to work closely with chest physicians. Tuberculosis cases and their families were visited in their own homes and contacts were advised regarding the spread of infection. Advice was given to domestic helps working for these families. Tuberculin testing of contacts in the home was continued in Durham and Felling areas and was extended to Chester-le-Street area upon the closure of Chester-le-Street Chest Clinic. Heaf testing of school entrants, follow-up of positive cases and assistance with B.C.G. vaccinations of 11 year olds continued. Talks on recent chemotherapy for tuberculosis were given to groups of health visitors by chest physicians in Whickham, Stanley, Chester-le-Street and Consett areas.

#### *The Aged*

Health visitors visited the aged according to need. Close co-operation was maintained with hospital staffs and general practitioners as well as with statutory and voluntary agencies. Every effort was made to maintain the aged in good health and an acceptable environment, in their own home.



### *The Mentally Subnormal*

Support was given to the mentally subnormal and their families in their homes, close co-operation being maintained with mental welfare officers.

### *Field Research Work*

Health visitors are responsible for initiating most of the input for the Department's two main computer applications—the immunisation and vaccination scheme (Section 26) and the observation register (Section 22). In the second scheme, considerable scope has been given to health visitors to participate in the research aspects of the project by ensuring that they receive a detailed feed-back of the data which they supply. If this enterprise is successful it is hoped to make further use of their training and talents as skilled observers. It is anticipated that the health visitor's role as a field research worker will increase.

### *Health Visitor and General Practitioners Liaison Scheme*

Health visitors continued their efforts to increase liaison with general practitioners, visiting or telephoning in cases of mutual interest. Health visitors attending regular sessions within the practice, report satisfaction with doctor/health visitor/patient relationships. To add to the existing nurse and midwife/general practitioner alignment and in anticipation of health visitor/general practitioner alignment, group discussions were held with staff.

### *Hospital Follow-up*

Health visitors co-operated with hospital medical staff and medical social workers in the follow-up of patients discharged from hospital, advice being given to all age groups and on all aspects of community care. Co-operation continued with paediatricians. Health visitors in the Tyne area continued to attend sessions at South Shields General Hospital. Arrangements were made for a health visitor to attend the paediatric clinic at Bishop Auckland General Hospital twice a week and a close liaison now exists with the paediatrician there.

### *Training Schemes*

Health visitors co-operated in the practical training of student nurses, nursery nurses and various post-registration groups.

#### *Summary of Cases visited for the first time by Health Visitors*

Children born in 1970	...	...	...	...	...	...	...	...	14,318
Children born in 1969	...	...	...	...	...	...	...	...	15,808
Children born in 1965-68	...	...	...	...	...	...	...	...	43,045
Persons aged 65 or over	...	...	...	...	...	...	...	...	15,292
Mentally disordered persons	...	...	...	...	...	...	...	...	546
Persons, excluding maternity cases, discharged from hospital (other than Mental hospitals)	...	...	...	...	...	...	...	...	1,406
Number of tuberculosis households visited	...	...	...	...	...	...	...	...	1,446
Number of households visited on account of other infectious diseases	...	...	...	...	...	...	...	...	576
Other cases	...	...	...	...	...	...	...	...	13,688
Total number of cases visited	...	...	...	...	...	...	...	...	102,872



## SECTION 25—HOME NURSING

### (i) STAFF.

In addition to 103 whole-time district nurses on the staff at the end of 1970, including three state enrolled nurses who were appointed during the year, there were 12 district nurse-midwives who spent approximately two thirds of their time on home nursing duties. A further 42 nurses were employed on relief work during the year.

At the end of the year 90 nurses and 8 nurse-midwives were authorised car users.

### (ii) CASES.

The total number of cases dealt with and visits paid by home nurses during 1970 showed little change from the previous year. Of the total case load 54% were over 65 years of age and this group received 58% of the visits paid.

The "Night Sitters" service for cancer patients in the terminal stages of their illness continues with the financial support of the Marie Curie Memorial Foundation.

Help has continued to be given in the form of grants of money for extra nourishment through the Foundation.

Good liaison between nurses and general practitioners was maintained and there was increasing contact with medical social workers in the care of patients discharged from hospitals.

The scheme for attaching nurses to general practitioners was extended and 49 members of staff are now involved. From the patient's point of view several advantages accrue from arrangements of this nature, notably a more adequate cover of his needs, a more convenient access to the nurse and a better means of obtaining the assistance of supporting services which can be arranged by the nurse. Staff-wise, general practitioners become more aware of the potentialities of home nurses and their services can be used to better advantage. In the majority of cases the nurses themselves welcome the opportunity to make wider use of their acquired skills. Overall, the closer working partnership between what, for the moment, are two distinct sections of the national health service, has proved worth-while and is one which seems likely to expand.

### (iii) COURSES AND TRAINING.

Student nurses from Shotley Bridge General Hospital, Bishop Auckland General Hospital, Sedgfield General Hospital and Dryburn Hospital accompanied home nurses for observation visits on the district as a part of their training, and lectures on home nursing were given to them by senior nursing administrative staff.

Eleven district nurses were seconded to the training school at Newcastle upon Tyne for district nursing training all of whom were successful in passing the examination.

Home nursing statistics are given in Table 5—Part III.



## SECTION 26—VACCINATION AND IMMUNISATION

### DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS, MEASLES AND SMALLPOX.

The schedule of vaccination and immunisation used throughout the County is shown below.

Age.	Vaccine.
4 months	Triple (diphtheria, whooping cough and tetanus) and poliomyelitis (1st)
6 months	do. (2nd)
12 months	do. (3rd)
13 months	Measles
14-24 months	Smallpox
4 years	Diphtheria, tetanus and poliomyelitis booster Smallpox re-vaccination

During the year computer control of immunisation and vaccination first introduced in 1967 was extended to include three more areas and the last remaining three areas will be included by February, 1971. The computer now holds the records of children born on or after 1st January, 1967 to date.

As indicated in my 1968 report, the system provides for Immunisation to be carried out by the general practitioner at his surgery or by one of the Council's medical officers at a child health centre, the choice being left to the parent, at the time of completing the consent form. The number of general practitioners at present participating is 240, which is approximately 80% of all practitioners in the administrative county.

Each week the computer selects those children due for a procedure of any kind and prints a list for each participating general practitioner and child health centre, showing the name of the child and the immunisation treatment due. Appointment postcards addressed to the parents concerned are also produced. Feed-back into the computer is derived from the lists returned after the appointments have been met. Should a child fail to attend for two consecutive appointments, the health visitor is asked to investigate.

The scheme for the vaccination against measles of children aged between 13 months and 15 years was continued during the year, but until May, priority was given to children aged between their fourth and seventh birthdays. Adequate supplies of vaccine then became available for the children in the remaining age groups. Appointments for measles vaccination were re-opened on the computer for all children over 14 months of age whose parents had consented to this protection.

The association of congenital defects in infants and the occurrence of german measles during the first three months of pregnancy has been known since 1941. Now that a suitable vaccine is available to provide an immunity to this disease, a scheme for vaccination for girls in their fourteenth year was commenced in September, 1970. 6,559 (72.9%) consented out of approximately 9,000 eligible and 4,207 were vaccinated by the end of the year. This scheme is to be extended to all girls between their 11th and 14th birthdays from 1st April, 1971.

Leaflets drawing attention to the need for children to be protected against these diseases and giving details of the facilities available for vaccination and immunisation are sent by post to parents, who have not consented to their children being vaccinated or immunised under the above schedule, by the time they attain the age of four months. Further leaflets are despatched when children are one year old.

The health visitors during their routine visiting encourage parents to take advantage of the facilities. Advice is also given by assistant welfare medical officers and health visitors at child health centres.

The vaccinations and immunisations are carried out by the general practitioners at their surgeries and by the assistant welfare medical officers at child health centres.

During the year schemes of vaccination and immunisation were undertaken in infant schools in all parts of the County.

Tables 6 and 7 Part III, give details of the numbers of children vaccinated and immunised in the County throughout the year.



## SECTION 27—AMBULANCE SERVICE

### 1. PRESENT ARRANGEMENTS.

The service operates through a central control at Framwellgate Moor, Durham, one subsidiary message receiving centre and 17 ambulance depots. At the end of the year the operational staff numbered 362 and the fleet comprised 137 vehicles, details being as follows:—

(a) *Headquarters and Central Control Staff.*

Ambulance Officer.	8 Assistant Controllers (Operations).
2 Staff Officers.	Assistant Controller (Planning).
Control Superintendent.	9 Control Clerks.
3 Controllers (Operations).	1 Switchboard Operator.
Controller (Planning)	

(b) *Depots.*

	<i>Driving Staff.</i>	<i>Vehicles.</i>		<i>Driving Staff.</i>	<i>Vehicles.</i>
Barnard Castle ...	4	2	New Herrington ...	25	8
Bishop Auckland ...	28	10	Newton Aycliffe...	15	5
Chester-le-Street ...	18	7	Seaham ... ..	16	6
Consett ... ..	16	6	Stanley ... ..	19	7
Crook ... ..	16	5	St. John's Chapel ...	3	2
Durham ... ..	31	12	Washington ... ..	18	6
Fishburn ... ..	19	7	Wheatley Hill ... ..	33	10
Hebburn ... ..	29	11	Winlaton ... ..	24	9
Middleton-in-Teesdale	2	1	Headquarters Pool ...	—	23

(c) *Other Staff.*

14 Depot Superintendents. 1 depot telephonist. 4 mechanics.

To ensure that peripheral parts of the county are covered for emergency purposes the County Council has arrangements with the County Boroughs of Darlington, Hartlepool and South Shields, whereby the Borough ambulance services undertake journeys for the County Council, at an agreed cost based on mileage. In the case of Darlington County Borough there is a minimum call-out fee.

### 2. WORK UNDERTAKEN IN 1970.

Year.	No. of Journeys made.	No. of patients carried.			Total Milcage covered.
		Stretcher cases.	Sitting cases.	Total.	
1969 ... ..	84,094	46,925	320,462	367,387	2,534,226
1970 ... ..	87,174	49,980	333,155	383,135	2,615,235
Increase ... ..	3,080	3,055	12,693	15,748	81,009
Decrease ... ..	—	—	—	—	—



*Long Distance Journeys.* The following is a statement of long distance journeys undertaken during the year:—

Cumberland	...	...	...	...	10	Yorkshire	...	...	...	...	22
Lancashire...	...	...	...	...	2	Scotland	...	...	...	...	1
Totals :				Journeys	...	...	...	...	35		
				Mileage	...	...	...	...	6,657		

In addition to the long distance journeys undertaken by ambulances, arrangements were made for 103 patients to be transported by rail. Trends and detailed statistics from 1948 are shown in Table 8, Part III.

Eight new vehicles were purchased during the year.

At the end of the year there were 137 vehicles operating, 2 fewer than at the end of 1969.

				<i>Ambulances Conventional.</i>	<i>Dual purpose vehicles.</i>
Number of vehicles at beginning of year	...	...	...	55	84
Unserviceable and withdrawn during the year	...	...	...	2	8
New vehicles	...	...	...	4	4
Number of vehicles at end of year	...	...	...	57	80

Four mechanics are employed and operate from the repair units located at Crook, Durham and Stanley. Major repairs are carried out at the Central Repair Depot of the Highways and Bridges Committee. These arrangements do not appear to be entirely adequate and thought is being given as to how they may best be improved.

The Ambulance Service is one of the most expensive services provided by the Health Committee, costing an estimated £746,650 in the current financial year.

New depot premises were opened at Washington and Newton Aycliffe.

The establishment of ambulancemen was increased to allow for the further recruitment of seven permanent relief ambulancemen.

In continuation of the research into means of introducing a productivity bonus scheme for ambulancemen, the feasibility study at Consett depot referred to in my report for the year 1969 was carried out by staff of the Management Services Unit. This did not reveal any factors which might be used as a basis for a workable bonus scheme. Further discussions were held during the year with ambulance officers and work-study personnel from neighbouring authorities and investigations are being continued.

The new computer based data processing system which was to provide a continuous statistical analysis of the emergency ambulance need was scheduled to come into operation during the year. This would have entailed some modification in the records kept by ambulancemen but the unions were not prepared to accept any changes until the question of a productivity agreement was settled. The scheme was, therefore, shelved.

On two occasions during the year ambulancemen refused to carry out the full range of normal duties due to disputes at local and national level. On the first occasion the dispute was in connection with the alleged delay by the County Council in the implementation of a productivity scheme. The second dispute was in support of a national scheme for an increase in wage rates. In each instance emergency services continued to operate.

The North East Training School, operated by a consortium of authorities in the region, continued to hold courses for men with from two to five years service and for recent recruits to the service. Ambulancemen also attended six weeks' training courses at Cleckheaton and Birmingham.

The arrangement entered into with the National Coal Board for emergency ambulance cover at weekends was extended for another year.

The arrangement was continued during the year in conjunction with the ambulance services of Newcastle and Northumberland whereby a twice weekly service to and from the Silloth Convalescent Home, Cumberland, was provided by one authority transporting from Newcastle to the Home and back patients residing in the two geographical counties and the geographical county of North Riding of Yorkshire. Each constituent authority is responsible for conveying its patients to and from Newcastle.

This Authority continues to be responsible for conveying cases of smallpox and suspected smallpox in the geographical counties of Cumberland, Northumberland and Durham and also the northern parts of Westmorland and the geographical county of North Riding of Yorkshire, as the smallpox hospital for these areas is at Langley Park. All drivers are offered annual revaccination against smallpox, and annual arrangements are made for the protected drivers to visit Langley Park Hospital.



## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### I. TUBERCULOSIS.

Existing services operating in the county are as follows:—

#### A. B.C.G. Vaccination.

Routine vaccination is carried out by the chest physicians at the chest clinics and during the year 1,223 contacts were skin tested and 845 vaccinated.

Tuberculin testing and vaccination of all schoolchildren aged 11 years and upwards is arranged by the assistant county medical officers. During the year 12,736 school children were skin tested, 9.3% were found to be tuberculin positive and 10,506 were vaccinated.

101 students and pupil nurses were skin tested, 41% were positive and 36 vaccinated.

#### B. Tuberculin Testing of School Entrants.

The tuberculin testing of school entrants to indicate if they have been in contact with a case of tuberculosis was continued. The skin tests are carried out by the health visiting staff one week prior to the scheduled medical examinations, the result of the test being read by the school medical officer at the medical examination. During the year 206 schools were visited, 11,549 children were skin tested and 166 (1.44%) were found to be tuberculin positive and referred to a chest physician for further investigation.

#### C. Occupational and Diversional Therapy.

No occupational therapist is directly employed solely for the tuberculous but the staff dealing with the handicapped persons were available during the year. Use was made whenever possible of help which could be obtained from the Ministry of Social Security and voluntary agencies such as care committees and the British Red Cross Society.

#### D. Incidence and Mortality.

The number of primary notifications of respiratory tuberculosis received during the year was 175 and of non-respiratory tuberculosis 34, compared with 179 and 33 respectively in 1969. (See Tables 9, and 10—Part III). The total notifications for the year (209) show a decrease of 3 compared with 1969 and give an incidence rate for all forms of tuberculosis of 0.25 per 1,000 population, the rate for 1969 being 0.26.

Tables 11 and 12—Part III give the number of deaths from respiratory and non-respiratory tuberculosis in age periods in county districts.

The number of deaths from respiratory tuberculosis (30) has increased by seven. There were three deaths from non-respiratory tuberculosis in 1970, compared with 11 in 1969.

Tables 13 and 14—Part III give details of the incidence of tuberculosis since 1941.

Comparisons of the respiratory tuberculosis death-rate for the years 1966-1970 are shown below:

<i>Rate per 1,000 living.</i>	1966	1967	1968	1969	1970
Municipal Boroughs in the County ...	0.12	0.05	0.02	0.04	0.05
Urban Districts ... ..	0.06	0.04	0.03	0.02	0.04
Rural Districts ... ..	0.09	0.10	0.03	0.04	0.02
Administrative County ... ..	0.08	0.06	0.03	0.03	0.04
England and Wales ... ..	0.04	0.04	0.04	0.02	0.02†

† Provisional.



Over the years, and particularly recently, the character and incidence of tuberculosis has changed, and is still changing considerably. The massive wide-spread infections of the past have disappeared and, as with many other previously endemic infectious diseases, we have now reached the stage of having to deal with sporadic cases or small localised outbreaks. On examination of the statistics it is seen that while the trend found in the country as a whole over the last 20 years is similar to that in this county, rates were originally higher in the county. The decline has been more rapid.

## II. VENEREAL DISEASES.

Venereal diseases treatment centres are administered by hospital management committees and the figures in Table 15—Part III, have been compiled from returns submitted by hospitals where such clinics are held, and are in respect of patients from the Administrative County who attended during the year. Patients very often prefer to attend a clinic outside the area in which they live so the incidence of disease in any area may not necessarily follow the pattern of any particular clinic. While new cases of syphilis decreased from 41 in 1962 to 21 in 1970 there was an increase from 108 to 283 new cases of gonorrhoea over the same period.

Three health visitors, one of whom retired on 31st August, continued to undertake contact tracing as a normal part of their duties. The health visitors worked with staff of Newcastle General Hospital, receiving information to be acted upon with regard to contacts and defaulters. All health visitors' reports were sent directly back to the hospital, details of the work being kept strictly confidential.

Contact tracing and visits regarding defaulters for patients attending the units at the Sunderland General Hospital and the South Shields Diagnostic Centre were dealt with by the health visitor who is employed jointly by the County Council and Sunderland and South Shields County Boroughs.

Thirty-six schools in the Seaham and Barnard Castle Multilateral Units implement instruction, as part of a comprehensive health education pilot scheme, on venereal disease. A bibliography on the subject has been distributed to these schools and copies are available for other schools and organisations, upon application.

Assistance was given in six secondary schools to compile lesson content on venereal disease. Leaflets, posters, films and film strips are available for use in schools. Three new film strips on the subject of venereal disease were purchased in 1970 and the film *Half a Million Teenagers* is to be purchased in 1971.

## III. CANCER.

Table 16 of Part III gives the number of cancer deaths in each sanitary district during 1970 tabulated to show the organs affected together with the sex and age incidence. The following are comparative statistics in respect of total cancer mortality (including lung cancer) for the administrative county and England and Wales for the past ten years.

YEAR.	DURHAM COUNTY.		ENGLAND AND WALES	
	Deaths	Death-rate	Deaths	Death-rate
1961	1,895	1.98	101,233	2.19
1962	2,002	2.08	102,852	2.20
1963	1,941	2.00	103,810	2.21
1964	1,912	1.97	106,194	2.24
1965	1,980	2.03	107,770	2.26
1966	2,100	2.14	108,142	2.25
1967	1,986	2.10	110,055	2.28
1968	1,801	2.19	112,543	2.31
1969	1,834	2.22	114,727	2.35
1970	1,850	2.25	*117,085	2.39

\* Provisional.



Cancer of the lung has shown the only real increase in recent years. This trend is shown in the following mortality rates for the County.

Year.	Deaths.			Total Death-Rate per 1,000 population.
	Males.	Females.	Total.	
1959	345	56	401	0.42
1960	320	47	367	0.39
1961	355	47	402	0.42
1962	394	67	461	0.48
1963	405	52	457	0.47
1964	422	58	480	0.49
1965	407	63	470	0.48
1966	449	60	509	0.52
*1967	441	81	522	0.55
*1968	378	60	438	0.53
1969	373	65	438	0.53
1970	386	67	453	0.55

\* Population reduced by boundary changes.

#### *Cervical Cytology.*

The demand for cervical smear tests during the year was again such that sessions were arranged, in the evening, at various centres throughout the Administrative County only as justified by demand.

Despite publicity in the local and national press and the continued advice given by health visitors in the normal course of their duties, the demand for appointments for smear tests was again disappointing.

Considerable help and co-operation was given during the year by the staff of the Regional Hospital Board at the various laboratories to which the smears are sent for screening and the voluntary assistance of members of the British Red Cross Society and the Nursing Corps of the St. John Ambulance Association was again considered most valuable by the doctors, nurses and clerical staff who run the sessions.

During the year 2,490 smears were taken and the number of positive cases was six. (See Table 17)

In addition to specific sessions the cervical smear test was one of the tests undertaken at the Multiple Screening Clinic held at Bishop Auckland in April when 50 smears were taken of which four were positive.

Since the service commenced in 1965 the number of smears taken was 24,957, the incidence of positive cases being 5.8 per 1,000 smears examined.

#### *Madam Curie Memorial Foundation.*

In addition to acting as agents for the "Night Sitter" Service the County Council also arrange for the provision of extra nourishment and clothing for cancer patients on behalf of the foundation.

#### IV. NURSING EQUIPMENT.

A central store of appliances is maintained in the Health and Welfare Department and a local store of smaller articles of equipment at Chester-le-Street. Stores are also maintained at Easington. Issues are made on the recommendation of a doctor, health visitor, district nurse or medical social worker. Visiting officers notify the Health and Welfare Department when the equipment is no longer required. All equipment is issued on free loan and during the year more than 90 different types were provided.

Liaison with medical social workers of the hospitals receiving patients from the administrative county is maintained.



## V. CONVALESCENT HOMES.

During the year arrangements were made, on medical recommendation, for the admission of 51 county patients to convalescent homes for recuperative holidays as follows:—

Silloth Convalescent Home ... .. 15      Rose Joicey Home, Whitburn ... 36

In eight instances the County Council was responsible for the full maintenance charges and in the remaining 43 cases contributions were required from the patients or their families.

Applications from 21 other patients were withdrawn for various reasons.

## VI. HEALTH EDUCATION.

The stress given to certain areas of health education tends to obscure the immense amount of information given to all sections of the population on basic health principles. A major part of the work-load consists of maintaining a high degree of awareness on topics such as immunisation and vaccination, food and personal hygiene, mental health and leisure.

Following the death of Mr. Ellis, the section was without a Health Education Officer for several months. The appointment of Mr. A. Ward in July gave the opportunity for resuming the expansion of the service.

*Information Services:* The following types of information are now readily available:—

- (i) Health and Welfare Handbook (renewed quarterly)
- (ii) A second edition of the Visual Aids Catalogue
- (iii) Ad hoc information and topic guide

During the year, 46 requests were received from student health visitors, student teachers and students in schools and colleges for information on specialised and general health topics. This is a rapidly expanding part of the section's work and the introduction of a topic guide has proved to be a very useful source of information. By the end of December, 20 health topics were compiled each giving up-to-date information on Visual Aids and the sources from which they were available.

- (iv) Visual aids and equipment.

Demands for this service continue to increase and a great deal of the section's time is taken up in this area of activity. A large number of film strips, teaching charts, films and cassettes are now available, a 16 mm film projector and a 35 mm slide projector and screen being installed in the area offices of the health visitors. An increasing number of requests for use of equipment are being received by outside bodies as well as by Health Department Staff.

<i>Use of equipment by Health Department Staff</i>	<i>Number of times used</i>
16 mm projectors      ... ..	407
Slide projectors      ... ..	128
Cassette projectors    ... ..	38
Tape recorders      ... ..	8

- (v) Home Safety handbook (available 1971)

*In-service training and courses:* Further progress was made in training health visitors in the operation and care of the increasingly complex and varied visual aid equipment and in November 43 midwives were given a course of instruction in the use of films, film strips and cassette projectors.

A two day training course on Home Safety was held in October in County Hall for 30 students from the nursing and welfare services and representatives of the District Home Safety Committees.

The Assistant Health Education Officer attended a five day course at Cambridge University in April the subject being 'The Health Educator's Skills'.

During August the Health Education Officer attended a one week course at Bangor, organised by the Health Education Council, on the future role of the Health Education Officer.



*Exhibitions and Displays:* In July, the section actively supported the production of an exhibition on the work of the Lanchester and Consett Adult Training Centres at Lanchester agricultural show. A display, showing the County Council's services for the care of the elderly was held at Broom Secondary School in conjunction with the laying of the foundation stone of the new Ferryhill Residential Home for the elderly. This display was also shown in the local branch library and in County Hall.

In September, a Careers Convention was held at Bishop Auckland Technical College and a display was presented jointly by the Health Department and the Bishop Auckland Urban District Council. The display depicted the many careers available both in the Health Department and various other areas of local government. Many enquiries for further information were received from pupils and parents visiting the Careers Convention.

### *Monthly Topic*

A wide variety of leaflets and posters were distributed to all Clinics, Area Offices and a select number of other agencies. These provide an invaluable foundation on which the health staff can build an active continuous programme of health education. Subjects during 1970 included tobacco smoking, toy safety, poisons, and fire.

### *Campaigns*

#### (i) *Smoking and Health*

Despite the publicity given over a number of years to the results of research and to the evidence of danger to health from cigarette smoking, the hazard continues to be one of the most disturbing of contemporary health problems. Records maintained by the Department of Health and Social Security show that over a period of nine consecutive years the crude death rate from lung cancer has increased by one-sixth in men and by one-half in women. In 1968 it was estimated that twenty-three million persons over the age of fifteen years living in this county were cigarette smokers. This represented 62% of the total population. As there is nothing to suggest that people in Durham county differ significantly from people elsewhere in the United Kingdom in their smoking habits, it may be inferred that the corresponding number in the administrative county would be in the region of 360,000. An effort to reach this section of the community formed the basis of our Health Education campaign for the month of October.

With the assistance of almost 1,400 agencies such as hospitals, doctors, district councils, libraries, youth clubs, industrial establishments and other organisations, a distribution of posters and leaflets was initiated throughout the county area. Six schools and two industrial undertakings requested talks on the subject. In the Boldon, Felling, Hebburn and Jarrow districts, where the campaign achieved greater depth, over 10,000 leaflets and posters were issued and a series of lectures and demonstrations to school children was organised. Working in collaboration with the Seventh Day Adventist Church, thirteen of these lecture/demonstrations were given to 1,126 children in the 9-11 years age group.

For persons addicted to smoking, a programme of five-session courses was projected for these four areas. Each session was designed to extend over ninety minutes and to have a lecture/demonstration/group therapy content with a wide variety of supporting films. A nominal fee was charged to cover the cost of materials used. The courses were given maximum publicity but of the eleven proposed only two materialised. One of these was centred on an industrial firm and 51 persons enrolled, of whom 47 completed the course. The firm concerned very generously granted the participating employees one hour off duty on each of the five consecutive days involved. A second course in the Civic Hall, Jarrow attracted 45 persons, of whom 33 retained their interest during the period of the course. Approximately 60% of the members of both courses attended their 'reunion' meeting organised two weeks after the completion of their particular course. A selection of anti-smoking literature was sent to each participant two months later and a questionnaire followed from which it was hoped to assess the degree of success achieved. Of 80 questionnaires issued, 40 were returned showing that 31 subjects had given up smoking.

A good deal of information was obtained from this venture and it is felt that further efforts on similar lines could be justified.

- (ii) Four schools received assistance as "Guidance to Maturity", field workers playing a major part in the implementation of the courses.



*Northumberland and Durham Area Home Safety Committee.*

Quarterly meetings of the Council were attended throughout the year. The Council carries out the very important function of collating ideas originating from Local Authority Home Safety Committees and initiating action on dangers, either by its own direct efforts, or through representation on the National Home Safety Committee.

The Health Education Section offers help and advice to any Local Home Safety Committee within the county, if required.

## VII. CHIROPODY.

Prior to 1963 the only chiropody services available in the area of the administrative county, other than those provided by chiropodists in private practice, were those sponsored by various voluntary organisations and usually limited to aged persons. In that year the County Council initiated a scheme designed to cater for old people in the first instance and then to be extended to handicapped persons and expectant mothers. This was made a free service and was provided partly by directly employed whole-time chiropodists and partly by the provision of financial assistance to voluntary organisations conducting schemes approved by the County Council.

At the end of the year the staff consisted of the chief chiropodist, 10 full-time senior chiropodists and nine chiropodists working on a sessional basis.

One mobile clinic was in full-time use and a second one was in use on average for two and a half days per week. This second mobile clinic has made it possible to extend the service to further remote areas. However, a shortage of registered chiropodists limits further extensions at present.

At present the County Council is financing 31 clinics run by voluntary organisations. Equipment, which includes chiropodist chair, dressings trolley and angle poise lamp, is loaned free of charge to schemes holding frequent regular sessions and items were issued to a number of new schemes.

The total number of treatments given in 1970 was 73,290, compared with 65,006 in the previous year.

	<i>Direct Service.</i>	<i>Voluntary Organi- sations.</i>	<i>Easington R.D.</i>	<i>Total.</i>
Chief Chiropodists ... ..	1	Nil	Nil	1
Chiropodists (whole-time) ... ..	7	Nil	3	10
Chiropodists (part-time) ... ..	9	10	Nil	19
Treatment Centres ... ..	89	31	8	128
Persons Treated:—				
(a) Elderly ... ..	10,199	5,654	1,392	17,245
(b) Handicapped ... ..	70	10	Nil	80
Treatments:—				
(a) Elderly ... ..	39,261	21,089	6,790	67,140
(b) Handicapped ... ..	267	32	53	352

In addition, 1,392 residents in hostels for the elderly were given 5,798 treatments.

During 1970, grants amounting to £9,780 6s. 7d. were made to voluntary organisations.

## VIII PROVISION OF INCONTINENCE PADS

The demand for disposable incontinence pads increased during the year and the number of pads issued was 257,700 compared with 235,040 in 1969.

## IX MULTIPLE SCREENING CLINICS

The fourth in a pilot series of multiple screening clinics was held in Bishop Auckland during the month of April. Details of the three earlier clinics were given in my 1969 report and the following is an evaluation of the complete experiment.



### Utilisation

The service was available to persons of 15 years or over living in specified areas around the clinic centres.

Sessions were advertised and applications for appointments invited. Of the 178,545 eligible persons some 4,094 (2.3%) were screened. Numbers accepted were, in fact, restricted to the first 1,000 applicants for each clinic and all four were fully subscribed. 97% of the appointments were kept.

It is not possible to estimate the true demand since this was seen to fall off when it became known in the district concerned that the appointment list for a particular clinic was full.

### Work Load

Five tests were offered at the clinics: a blood test for anaemia, urine test for sugar, chest x-ray and vision testing were available to all while cervical cytology was available to women of 25 years and over who had not been tested within the preceding two years.

In all, 97.3% persons were tested for anaemia, 96.4% for glycosuria, 86.5% for radiological evidence of chest disease and 66.4% for defects of vision. At the Bishop Auckland clinic 69.3% of women of 25 years or over took advantage of the cervical cytology service.

### Results.

The ratio of men to women who attended was almost one to four. Relatively few elderly persons responded, and, compared with the general population, there were more middle-aged people than expected—approximately 50% of the attenders being in the 45-64 year age group compared with 24% of the general population.

An attempt was made where possible to assess the level of health of those who were tested by comparing results with those obtained in surveys undertaken in other parts of the country having characteristics similar to the administrative county.

Screening Clinic Population		Comparable Population Surveys	
Anaemia		Men 3.3%	Women 13.9%
Younger than 65 years	}	Both sexes	20.0%
65 years and older			
Diabetes	0.5%	Both sexes	0.7%
X-ray	"Abnormal"		—
	Tuberculosis	Both sexes	0.1%
	Cancer of lung	Both sexes	0.2%
Abnormal vision	8.4%		—
Cancer of the cervix	0.7%		0.6%

### Cost Effectiveness.

The cost of the Bishop Auckland clinic was estimated to be £3,863 of which £633 consisted of regular staff salaries of local health authority personnel.

These costs may be analysed in relation to the work accomplished:—

£0.89 per test carried out
£3.58 per patient screened
£11.71 per patient referred for further examination
£17.33 per positive test
£99.05 per positive test excluding vision test

### Conclusion.

The aim of the screening procedure is to detect as many "disabilities" as possible. In a self-selected population such as that examined, many common and easily treated disabilities do not occur to any great extent.

If resources, in the shape of staff and finance, are to be deployed to produce the maximum benefit, it would seem that future screening clinics should be directed towards those diseases known to be most common in specific groups of the community.



## SECTION 29—DOMESTIC HELP SERVICE

The demand for the service continued to increase and in 1970 a greater number of households were provided with help than previously. The elderly (aged over 65 years), comprised 87·5% of those receiving assistance and amongst the remainder were 13 families with special problems, three of whom were still receiving help at the end of the year.

### ORGANISATION.

Apart from the delegated area of Easington the County is divided into 17 areas, each supervised by an assistant organiser who engages and places the home helps. The assistant organiser investigates applications for help which are received from general practitioners, hospital and local authorities' medical and nursing staff and officers of other statutory and voluntary bodies, and also makes regular visits to the houses where helpers are employed to ascertain any changes in the circumstances and to ensure efficient deployment of staff to assist those with the greatest need.

All assistant organisers are employed full time and are encouraged to undertake the training course organised jointly by the Institute of Home Help Organisers and the N.A.L.G.O. Correspondence Institute. Future applicants for Assistant Organisers' posts will be asked to undertake the course.

Talks about the service were given on 13 occasions.

### HOME HELPS.

The home helps are a body of practical social workers, with experience in running a home, care of the elderly and management of children. They comfort and counsel the people they serve and are encouraged to have a cheerful and optimistic outlook as well as sympathetic understanding of the needs of the elderly. Helpers attending cases of tuberculosis are tuberculin tested and have a chest X-ray when they are assigned to the case and annually thereafter, so long as they are in contact with the disease.

### CHARGES.

The charge for the service was 6/11d. per hour at the end of December but the amount payable was reduced in accordance with the scale of charges which takes into account the ability of the family or individual to pay. 96% of the total cases receive a free service.

### COST.

The estimated cost of the service for the financial year, 1970/71, was £642,750—£780 per 1,000 population. Although costly it is a most valuable community service, frequently making the difference between hostel or hospital admission and independence and continuing life in the community. Its more intangible value of dispelling loneliness, providing advice, support and the early ascertainment of specific needs is beyond question.

The following is a summary of the work accomplished during the year and, for comparison, details of work accomplished during 1950 and 1960:—

	1950	1960	1970
Cases being assisted at 1st January ... ..	281	3,959	7,307
New cases assisted during year ... ..	1,480	1,892	*2,648
Total number of cases assisted during year ... ..	1,761	5,851	9,955
Cases terminated ... ..	686	1,863	2,232
Cases being assisted at 31st December ... ..	1,075	3,988	7,723
Cases on Waiting List at 31st December ... ..	—	432	180
Visits paid by Assistant Organisers ... ..	15,262	72,804	73,692
Number of domestic helps employed at end of year (part-time) Not Recorded		2,097	3,695

\*Includes 430 cases which ceased and recommenced later in 1970.

Type of case assisted during:—	1950	1960	1970
	<i>Percentage of Total</i>		
Maternity (including expectant mothers) ... ..	8·4	1·8	0·5
Tuberculosis ... ..	1·3	0·6	0·3
Chronic Sick (including aged and infirm) ... ..	90·3	91·1	97·6
Others ... ..	—	6·6	1·4



## MENTAL HEALTH

### ADMINISTRATION.

(a) The Mental Health Sub-Committee of the County Health Committee is responsible for the administration of the Mental Health Service.

(b) *Staff*:—

	1950	1960	1970
Mental Health Executive Officer ... ..	—	—	1
Senior Mental Welfare Officers ... ..	—	—	5
Mental Welfare Officers ... ..	7	9	25
Supervisors, Junior Training Centres ... ..	—	6	8
Teachers, Junior Training Centres ... ..	—	—	17
Assistant Supervisors, Junior Training Centres ... ..	—	9	8
Trainee Assistant Supervisors, Training Centres ... ..	—	5	9
Superintendents, Adult Training Centres ... ..	—	—	8
Deputy Superintendents, Adult Training Centres ... ..	—	—	9
Teachers, Adult Training Centres ... ..	—	—	13
Assistant Supervisors, Adult Training Centres ... ..	—	—	5
Craft Instructors, Adult Training Centres ... ..	—	—	6
Welfare Assistants, Junior Training Centres ... ..	—	—	7
Wardens (Hostels) ... ..	—	—	4
Matrons (Hostels) ... ..	—	—	2
Deputy Wardens ... ..	—	—	3
Housemothers ... ..	—	—	4
Social Workers ... ..	—	1	—
Domiciliary Teacher of The Mentally Handicapped ... ..	—	1	—

The excellent co-operation with hospital consultants continued to be maintained and a number of cases were referred to hospital out-patient clinics for assessment and advice regarding the future treatment and training. Dr. M. R. Walley, Consultant Psychiatrist, continued to visit training centres and advised on a number of difficult cases. School Medical Officers carried out routine annual medical examinations of all those attending training centres. Trainees at Adult Training Centres were examined at the mass radiography units.

The Health Committee's foresight in applying a policy of seconding suitable staff on full-time courses of instruction has provided valuable dividends.

Three mental welfare officers sponsored by the Local Authority obtained the Certificate in Social Work, four were seconded on a two-year course leading to the Certificate in Social Work, and one officer was away on the second year of a similar course. Four mental welfare officers attended induction courses organised by the National Association for Mental Health at Leeds. The wardens of Lanchester Hostel for Mentally Subnormal Adults and of Durham Hostel for Mentally Subnormal Children attended induction courses at Leeds and Farnham, respectively. Two craft instructors and three assistant supervisors were seconded to take courses leading to the Diploma for Teachers of the Mentally Handicapped and four trainee assistant supervisors were granted leave of absence without salary to attend similar courses. Ten members of training centre staff returned from courses, having been successful in obtaining the Diploma for Teachers of the Mentally Handicapped. A total of 55 training centre staff have obtained qualifications as a result of the Council's policy of seconding trainees on approved one and two-year courses.

### WORK UNDERTAKEN IN THE COMMUNITY.

1. In relation to mentally subnormal persons:—

(a) *Ascertainment*—cases of mental subnormality are notified by school medical officers, child welfare medical officers, private practitioners, hospital staff, health visitors and social workers. Full use was made of hospital out-patient facilities for the diagnosis of mental subnormality and advice on prognosis and disposal. Routine testing of all infants born in the County to detect cases of phenylketonuria has been continued.



(b) Under the provisions of Section 57 of the Education Act, 1944, the local education authority made the following notifications to the local health authority, comparisons with 1950 and 1960 being shown:—

	1950	1960	1970
Children considered unsuitable for education within the school system	64	63	71
Children who require supervision after leaving school ... ..	39	31	14

(c) On 31st December, 1970 there were 3,284 mentally subnormal persons on the register, giving an ascertainment figure of 4.0 per 1,000 population in the administrative county area. The figures for 1950 were 2,798 (3.1) and for 1960, 3,383 (3.6). During 1970, 90 names were added to the County Council register compared with 100 during 1969.

(d) Supervision—The supervision of mentally subnormal children was carried out by health visitors, and at the end of the year 371 children were under supervision. In 1950 health visitors supervised 1,842 mentally defectives and in 1960, 2,033 mentally subnormal persons. Mental welfare officers supervised adult subnormals in the County area, and at the end of 1970, 2,475 adults were being supervised.

(e) Junior Training centres for mentally subnormal persons—the numbers of pupils receiving training at junior centres on 31st December 1960 and 1970 was as follows:—

Centre	No. of Pupils	
	1960	1970
Bishop Auckland ... ..	32	46
Chester-le-Street (including special care) ... ..	—	41
Consett ... ..	30	46
Durham (including special care) ... ..	—	53
Ferryhill (including special care) ... ..	—	50
Hebburn ... ..	33	50
Houghton-le-Spring (including special care) ... ..	—	50
Newbottle ... ..	39	—
Easington (including special care) ... ..	—	44
Stockton ... ..	38	—
Darlington ... ..	2	1
Gateshead ... ..	3	1
South Shields ... ..	1	—
West Hartlepool ... ..	2	—

In addition during 1970, 24 children attended as day pupils at Prudhoe and Monkton Hospital.

Transport to the centres, mid-morning milk and mid-day meals were provided at each centre and regular routine dental and medical examinations were carried out on all pupils.

Special care units at Chester-le-Street, Durham, Easington, Ferryhill and Houghton-le-Spring Junior Training Centres continued to fill a very real need for children whose physical and mental handicaps render them unfit for training in the normal junior training centre classes. At the end of the year the numbers of children attending the special care units were as follows:—

Chester-le-Street ... ..	13
Durham ... ..	10
Easington ... ..	12
Ferryhill ... ..	10
Houghton-le-Spring ... ..	9



(f) Adult training centres for mentally sub-normal persons—the numbers of trainees receiving training at adult training centres on the 31st December were as follows:—

<i>Centre</i>	<i>No. of Trainees</i>
Bishop Auckland ... ..	68
Consett ... ..	46
Durham ... ..	61
Fencehouses ... ..	89
Hebburn ... ..	82
Lanchester ... ..	63
Newton Aycliffe ... ..	32
Easington ... ..	56

Eighteen adult trainees also attended as day patients at Prudhoe and Monkton Hospital.

During the year inter-centre activities continued to take place, and a successful sports day was held at Fencehouses Y.M.C.A. Sports Field when Bishop Auckland won the championship. The youth clubs at Bishop Auckland and Consett centres continued with their activities.

The outdoor training scheme for adult trainees at the County Education Department's training centre at Ireshopeburn, Weardale, continued to be a great success and during the year, three training periods, each of one week's duration, were held during June, August and September. Altogether 96 trainees and 15 staff from adult training centres attended during the year.

*Bishop Auckland Adult Training Centre.*—This centre continued with contracts for the assembly of wooden crates and pallets, carding of buttons, assembly of accessory kits for brakes, assembly of solenoids and assembly and packaging of cardboard folders. The art of hairdressing and make-up continued to be appreciated by the female trainees. During the year seven trainees were found outside employment.

*Consett Adult Training Centre.*—During the year contracts were continued for the assembly of cardboard cartons and soft toys, and the supply of firewood to local schools.

*Durham Adult Training Centre.*—Existing contracts were continued for the manufacture of wooden pallets, and this centre was again successful in obtaining the County Council contract for the manufacture of clothes airers for use in schools and other County Council establishments. Contracts for the assembly of zip fasteners and cardboard containers obtained during 1969 were renewed.

Five trainees were successfully placed in outside employment.

Car washing continued to be a successful venture.

*Fence Houses Adult Training Centre.*—This centre again obtained the County Council contract for the supply of nylon pan scrubbers to County Council establishments and contracts with outside firms have been maintained. The manufacture of scatter cushions continued to be very successful and no difficulty was encountered regarding the sale of these items.

*Hebburn Adult Training Centre.*—The printing section at this centre has continued to expand and the printing of visiting cards, Christmas cards and personal stationery was carried out. The centre again obtained the contract for the supply of clothes props to County Council establishments, and contracts from outside firms were maintained.

*Lanchester Adult Training Centre.*—Contracts with local firms were maintained and the manufacture of dominoes and woollen rugs continued during the year. The assembly of soft toys was also carried out. One trainee was placed in outside employment.

*Newton Aycliffe Adult Training Centre.*—This centre opened in June and already contracts with local firms have been established. Four trainees were placed in outside employment during the year.



*Easington Junior and Adult Training Centres*—Both centres continued to operate satisfactorily during the year and at 31st December 44 children were in attendance at the junior centre and 56 trainees at the adult centre.

(g) *Hostels for Mentally Subnormal Persons*—The numbers of persons in hostels for the mentally subnormal on 31st December, 1970, were as follows:—

Walker Drive, Bishop Auckland	...	...	...	Women	25
Aykley Heads, Durham	...	...	...	Children	19
Lanchester	...	...	...	Men	29
Potterhouse Lane, Pity Me, Durham	...	...	...	Men	16

During the year the hostels were used for short-term care residents, which enabled parents and relatives to have a holiday.

(h) *Hospital Admissions*—During the year 12 patients were admitted to hospital under Order, and 23 were admitted informally under the provisions of Circular H.M. (58) 5; also during the year 120 patients were admitted to hospital for short-term care in accordance with the terms of Circular 5/52 of the Ministry of Health. Details of all admissions are given in Table 18 Part III.

2. *In Relation to Mentally Ill Persons*—During the year mental welfare officers continued to investigate cases under the Mental Health Act, 1959, at the request of consultant psychiatrists, general medical practitioners, and police etc. and Table 18 Part III gives details of admissions arranged by them.

The very close liaison with hospitals has been maintained and the practice of mental welfare officers attending psychiatric out-patient clinics and case conferences has been continued. On 31st December, 1970, 652 cases, mainly referred from psychiatric hospitals, were under the supervision of mental welfare officers.

Four adult female patients from Winterton Hospital continued to reside in 2 Lonsdale Crescent, Trimdon Grange, the house for discharged psychiatric patients. These patients are self-supporting and are supervised by the local authority mental welfare officers. In addition, four adult female patients from the same hospital reside in 2 Brinkburn Walk, Spennymoor, which was opened on 14th September.



## SECTION C—INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Table 19 Part III gives particulars of cases of infectious diseases occurring during the year. I would refer particularly to the following:—

*Diphtheria and Acute Poliomyelitis*—It is pleasing to report that, for the twelfth year in succession there were no confirmed cases of diphtheria and that this is the third consecutive year when there have not been any confirmed cases of acute poliomyelitis. As indicated in the notes on Vaccination and Immunisation in preceding pages, sustained effort continues to be made to encourage parents to ensure that their children receive the protection afforded by the scheme and the present situation reflects favourably on the response.

*Measles*—Although the incidence rate of 8 per 1,000 population is less spectacular than the rate of 2 per 1,000 recorded in 1969, it is still lower than obtained in any of the six years preceding 1969. It may be significant that shortage of vaccine in the early part of the year imposed some restriction in the number of children vaccinated.

*Dysentery*—The number of cases occurring during the year was 63 compared with 252 in 1969, which itself was 133 less than 1968.



## SECTION D—NATIONAL ASSISTANCE ACT, 1948

### WELFARE SERVICES

The National Health Service Act of 1946 and the National Assistance Act of 1948 significantly increased the obligations of local health authorities in the field of welfare and there has been a tremendous growth since these enactments were introduced in 1948. Durham County Council, in implementing this legislation, remained one of the few authorities in which a combined Health and Welfare Department functioned under the direct control of the Medical Officer of Health without any subordinate officer concerned solely with the direction of the welfare services. To date, one of the merits of this policy has undoubtedly been the ability to co-ordinate all aspects of health and welfare work with a minimum of formality. As a result of the Local Authorities' Social Services Act of 1970, under which a new department of Social Services was formed in January 1971, this combined responsibility ceased as from that date. In consequence, this will be the last occasion when I will report on the operation of the welfare aspect of the service.

The statistical details which follow in this section of the report show, where possible, the comparative scope of each service in 1960 and 1970 and it will be noted from the summary at the end of this section that the overall picture is one of sustained expansion. Since my own appointment as County Medical Officer of Health and Chief Welfare Officer in 1963, I have been impressed by the progress achieved. In many aspects, the County Council has been in the van of progress and although it is with some personal regret that I now relinquish my direct association with these services, I am—and the Committee must also be—well satisfied with the developments made and the solid foundations on which future growth can be based.

#### I. WELFARE OF THE PHYSICALLY HANDICAPPED.

##### (a) *Register.*

At the end of the year there were 1,606 males and 1,463 females on the register of physically handicapped. This shows an increase of 345 during the last year. At the end of 1960 there were 471 males and 421 females on the register. Physically handicapped persons were referred by hospitals, general practitioners, other staff of the health and welfare department, various other statutory and voluntary social agencies, patients' friends and in some cases by the patients themselves.

##### (b) *Welfare Work for the Physically Handicapped.*

The Senior Executive Social Worker supported by the Senior Executive Social Worker (Family Welfare) continued to supervise the work of social workers and also that of the social welfare officers of the blind.

Compared with 1960, when there was only one social worker for the whole of the county, there were, at the end of 1970, four senior social workers, 11 qualified social workers, 10 unqualified social workers and 10 student social workers. One unqualified social worker and eight student social workers are attending full time courses.

The kind of help given to physically handicapped persons has varied widely. House alterations have been arranged and financed in co-operation with district councils, while a wide variety of aids for handicapped persons have been supplied. Other patients who have not needed material help have been given support by the social workers in facing their personal and family problems. There is also a scheme whereby local housing authorities may obtain grants from the County Council towards the provision of houses specifically designed for physically handicapped persons.

The Chronically Sick and Disabled Persons Act, 1970, focuses attention upon the problems in every day living created by disablement through chronic illness, injury and congenital abnormality and upon measures to alleviate these problems. It creates a duty for the County Council to assess the needs of the chronically sick and disabled and to make arrangements to meet these needs. Most of the services were permitted under Section 29 of the National Assistance Act 1948 and featured in the scheme adopted by the County Council in August 1952. One significant addition is the provision of, or assistance in obtaining, a telephone and any special equipment necessary for the use of the telephone. At the end of the year six applications had been approved.



(c) *Holiday Scheme for Physically Handicapped.*

With the agreement of the Education Committee, the Health Committee were able to sponsor a further holiday scheme for physically handicapped persons at Walworth Castle, a special residential school, during the period 24th July to 21st August. Ninety-six handicapped persons had the advantage of a holiday at Walworth during this four week period. The majority of the handicapped persons were conveyed to Walworth by special ambulance, the remainder finding their own way. The British Red Cross Society carried out the day to day administration, providing the staff for the project, and the venture was a great success. The British Red Cross are again to be congratulated on their magnificent effort. In 1960 for the first time a similar holiday was arranged at Wynyard Hall where 14 handicapped persons had a holiday of one week and 34 had a holiday of two weeks and this has continued as an annual event.

A holiday course for 20 physically handicapped teenagers was arranged in connection with the Durham County Association of Youth Clubs at Seaham Northlea Secondary School during the period 25th July to 1st August. This was a residential course during which period tuition was given in art, photography, handicrafts and music. The Education and Health Committees shared the cost of this holiday and the Durham County Association of Youth Clubs are to be congratulated for making this holiday course a success.

(d) *Occupational and Diversional Therapy.*

Two occupational therapists are employed by the Health Committee. They visit handicapped persons in their homes in order to train them and assist them in various crafts. Assistance is also given by craft instructors who attend meetings of clubs for physically handicapped. In 1960, one occupational therapist was employed.

(e) *Car Badges for Disabled.*

At the end of the year 259 car badges were in use by disabled drivers to enable them to obtain parking privileges. New applications for badges are made at the expiry of the disabled person's driving licence or at the time a new vehicle is obtained.

(f) *Voluntary Organisations.*

The County Council has worked in co-operation with the Durham County Association for the Disabled and during the year made a further grant to help them in their work. During the year the number of social clubs for physically handicapped persons sponsored by the County Association increased from 22 to 23. In 1960 there were 11 such clubs. These clubs continue to be invaluable as meeting places for physically handicapped persons, where they can take part in social, as well as handicraft activities.

The special vehicle for the transport of physically handicapped persons, particularly those confined to wheelchairs, was in regular use during the year. This enabled many seriously handicapped persons to attend meetings of the 11 handicapped persons clubs which availed themselves of these facilities.

Thirteen young people attend the day work centre at the Percy Hedley School for Spastics of whom 9 are resident in the Chipchase Hostel.

The Training and Work Centre administered by the Sunderland and District Spastics' Society (a voluntary organisation) had, at the end of the year, 17 of our adult spastics who were unable to obtain employment on account of their disability. Transport by taxi was provided for eight spastics who would otherwise have been unable to attend the Centre, the cost of this transport being accepted by the County Council.

(g) *Residential Accommodation for Physically Handicapped.*

Residential accommodation is provided for 58 physically handicapped persons at homes outside the County, run by voluntary organisations. This compares with 29 placements in 1960.



## II. WELFARE OF THE BLIND AND PARTIALLY SIGHTED.

### (a) Register and Registration of Blind Persons.

The number of blind persons on the County Council's register on the 31st December was 1,556 36 less than at the end of 1969. The numbers for 1950 and 1960 were 2,001 and 1,840 respectively.

*Blind population according to age and sex—1970*

	1 & under	2-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80 & over	Total
Male ...	—	4	5	5	14	16	28	74	94	64	67	164	147	682
Female ...	—	2	7	10	10	15	11	38	85	54	98	257	287	874
Total ...	—	6	12	15	24	31	39	112	179	118	165	421	434	1,556

During the year the names of 151 blind persons were added to the register including 22 blind persons transferred into the County from other areas. Following surgical treatment, sight was restored to two persons previously registered as blind, one of whom was certified partially sighted and one not blind. During the period under review 185 blind persons died or left the county area.

The eleven part-time ophthalmologists appointed by the County Council examined 255 cases referred to them while in addition 39 forms B.D. 8 were submitted by other ophthalmologists. These 294 cases are classified as follows:—

#### First Examination:—

No. certified blind	...	...	...	...	...	...	...	...	...	...	...	...	...	108
No. certified partially sighted	...	...	...	...	...	...	...	...	...	...	...	...	...	78
No. certified not blind	...	...	...	...	...	...	...	...	...	...	...	...	...	32

#### Re-examinations:—

No. certified blind (1 already certified)	...	...	...	...	...	...	...	...	...	...	...	...	...	25
No. certified partially sighted	...	...	...	...	...	...	...	...	...	...	...	...	...	41
No. certified not blind	...	...	...	...	...	...	...	...	...	...	...	...	...	9
No. removed from partially sighted register	...	...	...	...	...	...	...	...	...	...	...	...	...	1

No case of retrolental fibroplasia was reported during the year.

### (b) Register of Partially Sighted.

Compared with 1950 and 1960, when the numbers of partially sighted cases on the register were 62 and 401 respectively, the number of cases at the 31st December 1970, was 460, sex and age classification being:—

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total.
Male ...	—	1	32	10	32	38	100	213
Female ...	—	—	13	7	29	31	167	247
Total ...	—	1	45	17	61	69	267	460

In all cases a copy of Form B.D. 8 is sent to the patient's general practitioner informing him of the findings and the recommendations of the ophthalmologist.



*High Myopia.* It has been the practice for many years for the school health service to notify the Health Department of all school leavers suffering from high myopia who are not registered blind or partially sighted persons. These cases are followed up by health visitors to ensure that the children continue to wear suitable spectacles and obtain replacements where necessary. Advice and assistance is given regarding suitable employment.

(c) *Employment.*

The following information relates to trained blind persons in employment at the end of 1950, 1960 and 1970:—

	1950		1960		1970	
	<i>Institution Workers</i>	<i>Home Workers</i>	<i>Institution Workers</i>	<i>Home Workers</i>	<i>Institution Workers</i>	<i>Home Workers</i>
Royal Institution for the Blind, Sunderland ... ..	36	3	37	2	32	1
Cleveland and South Durham Institute for the Blind, Middlesbrough ... ..	14	—	16	2	5	—
Hartlepool Workshops for the Blind ... ..	1	—	3	—	4	—
National Library for the Blind, Braille Copyists ... ..	—	2	—	3	—	1
Catholic Blind Institute, Liverpool	1	—	1	—	1	—

On the 31st December the number of trained but unemployed blind persons was 16, compared with 10 at the end of 1960.

(d) *Home Teaching Service.*

There are 12, compared with 17 in 1960, qualified social welfare officers for the blind, of whom two are registered blind persons.

These members of the staff visit blind and partially sighted persons, teaching braille and moon type when required and acting as general social workers for all blind and partially sighted persons on the register. Two of the social welfare officers hold classes for the teaching of handicrafts, while the remainder provide tuition in handicrafts in the homes when required.

(e) *Social Centres.*

Five centres are established and operating in the County with the co-operation of the voluntary agencies. Home teachers visit the centres and provide help and guidance when necessary.

(f) *Placement Service.*

By arrangement with the Ministry of Labour, use has been made of their Placement Officers in finding and placing suitable persons in open industry. The Royal National Institute for the Blind appointed a Placement Officer to assist suitable persons to obtain work in business and commerce.

(g) *Holidays.*

The Health Committee provided a week's holiday at Scarborough for 11 deaf blind persons, together with their attendants. The detailed arrangements for this holiday were made by the North Regional Association for the Blind.

(h) *Homes for the Blind.*

At the end of the year there were three blind persons in homes for the blind.



### III. WELFARE OF THE DEAF.

The County Council scheme under Section 29 of the National Assistance Act approved by the Minister on the 27th September, 1952, operates throughout the county. Most of the work is carried out on an agency agreement by the Northumberland and Durham Mission to the Deaf and Dumb for the northern part of the county and the South Durham and North Yorkshire Association for the Deaf for the southern part of the county. Welfare officers visit and look after general welfare of registered persons. Four hard of hearing clubs operate throughout the county to which the County Council make a grant for administration, maintenance charges and equipment. At the end of the year the number of persons registered as deaf or hard of hearing was 660 classified as follows:—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Under 16 years ... ..	12	21	33
16-64 years ... ..	263	219	482
65 years and over ... ..	62	83	145
Totals ... ..	<u>337</u>	<u>323</u>	<u>660</u>

At the end of 1960 the number registered was 841.

At the end of December 47 school children (22 boys and 25 girls) were attending residential schools for the deaf, outside the county area, compared with 44 boys and 42 girls in 1960.

### IV. WELFARE OF THE ELDERLY.

One of the results of improved medical and social services is that more people live longer and the deterioration associated with old age tends to be delayed. This deterioration in physical and/or mental faculties when it does occur frequently necessitates the deployment of a variety, or occasionally the whole range, of the authority's staff, employed to deal with the blind or partially sighted; the deaf; the physically handicapped; the mentally disturbed; the sick and the bed-ridden.

Over the years the elderly have been using an increasing proportion of the health and welfare services and this trend will obviously continue. During 1970, 58% of the visits made by district nurses and 15% of the cases visited by health visitors were related to old people, and of the cases receiving home help, 87.5% were old people.

The basic need of the elderly is for a home of their own where they can enjoy privacy and comfort with the social contacts which they desire.

Houses of suitable size and design are, therefore, particularly important, supplemented, where necessary, by welfare services, including communal facilities, emergency bell systems, warden services, "meals on wheels" or "meals by neighbours" services, chiropody services, and adequate home nursing, home help and health visitor advisory services. Despite these services it is my opinion that the time may still come when this support is insufficient and it is then that accommodation in a residential County Council hostel is needed. Here again the object must be to keep the elderly as happy as possible and out of hospital as long as possible.

During the year, to encourage the provision of communal facilities, warden services etc., in association with houses for old people the County Council continued to make grants to district councils of a maximum of £60 per house per annum when such facilities are provided.

An expansion of home help and after-care service was necessary and greater financial assistance was given to schemes providing chiropody, meals on wheels, meals by neighbours and luncheon club services.

Continued support, financial and otherwise, was given to the Durham County and Teesside Old People's Welfare Committee, a voluntary organisation which has been most successful in the sponsoring of clubs for old people and various social functions such as choir festivals.

The policy to provide more hostel accommodation with additional comprehensive facilities has been pursued.



## V. FAMILY CASE WORK SERVICE.

### *Duties in Relation to Section 1 of the Children and Young Persons' Act, 1963.*

The duty of local authorities under Section 1 of the Act is to make available advice, guidance and assistance so as to promote the welfare of children by diminishing the need to receive them into care, and to provide a casework service. The act empowers the local authority to provide financial and material assistance to families in an effort to prevent the break-up of a family. Authority has been given to spend up to £25 in an emergency on any particular family in need, additional expenditure being subject to prior approval of the Chairman of the Health Committee. In this way, assistance was given on 73 occasions during the year. As in previous years, bedding has proved to be the most common need. Assistance was given to 172 families in the form of furniture which had been given by private persons, or which was of no further use to the County Council. In addition, officers obtained financial assistance from other sources in 62 cases and material assistance in 558 cases. The Women's Royal Voluntary Service and the Department of Health and Social Security have been most co-operative throughout and this continues to demonstrate the good will of agencies engaged in preventive work.

Statistical returns for the period ended 31st December, 1970 show that 3,126 families were notified to officers of the Health and Welfare Department as being in need of advice, guidance or assistance. The system of early warning notification of families likely to break down has continued to work well. Inadequate housing, lack of warm clothing and footwear, rent arrears and other debts, lack of discipline resulting in non-attendance at school, and failure of mothers to take their babies and older children to clinics, still play the major part in the problems referred.

Area Family Case Conferences have been held at regular intervals and have developed into an important and useful instrument in dealing with the difficult social problems referred for discussion.

## VI. TEMPORARY ACCOMMODATION (NATIONAL ASSISTANCE ACT, 1948—SECTION 21(1) (b)).

(a) The use of Lambton House and Lambton Grove, Birtley, was discontinued in June. The local housing authority rehoused three families and the remainder were transferred to much better adapted accommodation at Heath House, Houghton-le-Spring. During the year 39 families were provided with emergency accommodation at Birtley and/or Houghton-le-Spring, the length of stay varying from 1 to 309 days.

The numbers of persons provided with temporary accommodation on 31st December, 1950, 1960 and 1970 were as follows:—

Name of Home	1950		1960		1970	
	Adults	Children	Adults	Children	Adults	Children
Cottage Homes, Houghton-le-Spring ... ..	—	—	5	19	—	—
Heath House, Houghton-le-Spring ... ..	—	—	—	—	12	20

### (b) *Future Developments*

An application has been made for the provision of a family rehabilitation unit in the Urban Development Programme.

## VII. HOSTEL ACCOMMODATION FOR THOSE NEEDING CARE AND ATTENTION (NATIONAL ASSISTANCE ACT, 1948—SECTION 21).

### (a) *Present Position.*

During the year the use of the former Public Assistance Institution, Cambridge House, Barnard Castle, as residential accommodation was terminated. The site will be used to accommodate a purpose-built hostel for the aged.



Four purpose-built hostels were opened during the year.

At the end of the year there were 37 residential homes providing 1,516 places. Of these, one was a former public assistance institution, nine were adapted premises and 27 purpose-built. Fourteen of the purpose-built hostels include a special wing for more infirm residents. An annexe to one of the residential homes provides 19 short-stay places.

Hostels at Station Town and Belmont were approaching completion, and the hostels at Ferryhill, West Auckland and Stanley were under construction.

One hundred and sixty-seven residents were provided with short-stay accommodation in the short-stay annexe at Seaton Carew. These included 20 residents of other hostels in the County and two residents accepted direct from hospital. Two hundred and twelve residents were provided with short-stay accommodation at Lyndore, Roker, these included 54 residents of other hostels and nine direct from hospital.

There were 19 persons resident in the holiday annexe at Glencliffe and 13 at Roker at the end of the year.

The places available were distributed as follows:—

	<i>Residential Accommodation beds provided.</i>	<i>Residential Accommodation beds provided.</i>
In Homes controlled by the Welfare Sub-Committee:—		
<i>Former Public Assistance Institutions</i>		
Ivy House, Sedgfield ... ..	76	
<i>Adapted Premises.</i>		
Seaton Holme, Easington ... ..	35	
Weardale House, Stanhope ... ..	59	
Newtown House, Stanhope ... ..	30	
The Hermitage, Whickham ... ..	18	
Grove Park, Barnard Castle ... ..	22	
Owton Fens, Greatham ... ..	21	
Holmfield, Crook ... ..	30	
Glencliffe, Seaton Carew ... ..	37	
<i>Purpose Built Hostels.</i>		
Winton House, Winlaton ... ..	38	
Essyn House, Easington ... ..	40	
Dene House, Bishop Auckland ... ..	38	
Shafto House, Newton Aycliffe ... ..	45	
St. Bede's House, Jarrow ... ..	38	
Stanfield House, Stanley ... ..	38	
Glenroyd House, Consett ... ..	38	
Mendip House, Chester-le-Street ... ..	38	
Boldon House, East Boldon ... ..	45	
Kepier House, Durham ... ..	45	
<i>Purpose Built Hostels (contd.)</i>		
Millbank House, Seaham ... ..	38	
Tynedale House, Ryton ... ..	45	
Palatine House, Durham ... ..	40	
<i>Purpose Built Hostel including frail/ambulant wing.</i>		
Shadon House, Birtley ... ..	44	
Campbell Park House, Hebburn ... ..	45	
Lynwood House, Lanchester ... ..	45	
Kentmere House, Houghton-le-Spring	44	
Glebe House, Fishburn ... ..	45	
Lowland House, Brandon ... ..	45	
Syke House, Burnopfield ... ..	45	
Dryburn Park, Durham ... ..	45	
Watling House, Leadgate ... ..	45	
Burn Park, Fence Houses ... ..	45	
Moor House, Hetton-le-Hole ... ..	45	
Moor Grange, Spennymoor ... ..	45	
Donwell House, Washington ... ..	45	
Sunningdale House, Ouston ... ..	45	
<i>Holiday and Short Stay Homes.</i>		
Glencliffe Holiday Home, Seaton Carew	19	
Lyndore, Roker ... ..	15	
In Homes controlled by:—		
(a) Neighbouring County Borough Councils.		
		5
		5
		1
		8
(b) Other Local Authorities ... ..		10
In Special Homes ... ..		22
	Total	1,567



The following statement indicates places available at the end of the years 1950, 1960 and 1970:—

	1950		1960		1970	
	Premises	Places	Premises	Places	Premises	Places
In Homes controlled by the Welfare Sub-Committee:—						
Former Public Assistance Institutions ... ..	3	254	3	287	1	76
Adapted premises ... ..	2	84	8	254	*9	286
Purpose-built ... ..	—	—	7	266	13	526
Purpose-built with frail/ambulant wing ... ..	—	—	—	—	14	628
In Hospitals transferred to the Regional Hospital Board on 5.7.48 ... ..	6	304	3	161	—	—
In Homes controlled by:—						
Neighbouring County Borough Councils ... ..	—	85	—	29	—	19
Other Local Authorities ... ..	—	—	—	4	—	10
In special Homes ... ..	—	34	—	47	—	22
	<u>11</u>	<u>761</u>	<u>21</u>	<u>1048</u>	<u>37</u>	<u>1567</u>

\* Includes the holiday/short-stay annexe at Glenclyffe, Seaton Carew and the holiday/short-stay home at Lyndore, Roker.

A comparison of the years 1950, 1960 and 1970 shows that the number of employees in premises directly controlled by the Health and Welfare Committee was as follows:—

	1950 (5 Premises)	1960 (18 Premises)	1970 (37 Premises)
Superintendents ... ..	4	4	2
Matrons ... ..	5	14	32
Wardens ... ..	—	2	3
Other Staff ... ..	115	248	490

#### X-Ray Examinations.

To detect any case which might benefit from treatment and also to protect residents from possible infectious cases, efforts are constantly made to ensure that all aged persons admitted to residential homes have chest x-rays before admission.

#### (b) Future Development.

Hostels in course of erection and those on which building will commence in 1971 will provide 399 places.

Any efforts to continue the present rate of development if considered appropriate will, of course, be the responsibility of the newly appointed Director of Social Services.

### VIII. FUNCTIONS TO BE TRANSFERRED TO SOCIAL SERVICES DEPARTMENT

#### COMPARISON OF SERVICES, 1960 AND 1970

	1960	1970
<i>Mental Health</i>		
No. of mental welfare officers ... ..	11	39
No. of junior training centres (places shown in brackets) ... ..	5 (172)	9 (380)
No. of adult training centres (places shown in brackets) ... ..	—	8 (497)
No. of hostels (places shown in brackets) ... ..	—	4 (89)



### *Social Work*

No. of social work staff ... ..	26	67
No. of registered physically handicapped ... ..	892	3,069
No. of blind/partially sighted/deaf persons on register ... ..	3,082	2,676

### *Home Help*

No. of cases assisted ... ..	3,988	7,723
No. of home helps (predominantly part-time) ... ..	2,097	3,695

### *Welfare of elderly*

No. of hostels provided within the county ... ..	21	37
No. of residents ... ..	968	1,516
No. of staff in hostels ... ..	268	527
No. of places per 1,000 population over 65 years ... ..	10	17
No. of grouped dwelling scheme units built by district councils ... ..	273*	2,063
Grants paid by County Council to these schemes ... ..	£3,787*	£61,013
District Councils operating meals on wheels services (50% of net approved costs met by County Council) ... ..	5	29
District Councils operating luncheon clubs (financial contribution as for meals on wheels) ... ..	—	19

### *Nurseries and Child Minders*

No. of registered play groups ... ..	5	107
No. of places in play groups ... ..	82	2,465
No. of registered child minders ... ..	—	69

\* Figure for 1964 (when present scheme commenced)



## SECTION E—INSPECTION AND SUPERVISION OF FOOD AND DRUGS

### 1. MILK (SPECIAL DESIGNATION) REGULATIONS, 1963.

At the end of the year there were four plants processing milk in the administrative county, all of which were authorised to use the special designation "Pasteurised". All plants are of modern design. The total quantity of milk treated is approximately 56,180 gallons per day. Regular inspections of these dairies are made and satisfactory standards maintained, although in one dairy, bottling and capping machines are nearing the end of their useful life, and their malfunctioning is not conducive to good dairy practice.

Three dairies have washing, filling and capping lines with automatic decrating, recrating and stacking. These lines operate at rates of up to 280 bottles per minute, and while satisfactory, such a rate is indicative of the practical difficulty of 'spotting' unsatisfactory bottles which have been returned to the dairy in such a condition as to be incapable of being satisfactorily cleansed by the washer.

Misuse of bottles continues, and the number of complaints of unsatisfactory bottles being delivered to consumers is generally the same as in previous years. Daily the dairies licensed by this council wash and fill some 491,000 bottles. With modern washing and filling equipment, these numbers present no difficulty, provided that empty bottles have been rinsed immediately after use, returned promptly and not used for any purpose other than as milk containers.

Although the County is a specified area in which only milk of a special designation can be sold, exception is made as a last resort. Where no such supplies are available the Ministry of Agriculture and Fisheries issue a "Consent" licence enabling a retailer to dispense with the requirements of the Order. During the year six such consents were in operation. The amount of milk covered by these consents is very small and only serves the needs of people living in isolated houses.

Routine samples continue to be taken by County Health Department staff of milk delivered to schools and children's homes. Six samples failed the methylene blue reduction test (keeping quality). On investigating the reason for the failures it was considered that a contributory factor was the arrangements for delivery and storage at the schools and appropriate recommendations were made. Fifteen complaints have been received concerning the condition of bottles of milk delivered to schools. In three cases prosecutions were instituted and were successful, and in the remaining cases appropriate advice was given. Of the cases considered suitable for prosecution two were of glass in the milk, and in this respect the supply of milk in cartons would be welcome.

For some time and at the request of the Durham Hospital Management Committee, routine samples are taken of milk delivered to hospitals in their group. During the year, following requests by the other three Hospital Management Committees in the administrative county, this service was extended to cover hospitals under their supervision.

Under the above regulations the County Council as the Food and Drugs Authority has the duty of licensing and supervising all dealers in milk, the number licensed being as follows :—

No. of current licences at 1.1.70	(i) 'B' Licences	...	...	...	8
	(ii) 'E' Licences	...	...	...	1,903
No. issued during the year	(i) 'B' Licences	...	...	...	Nil
	(ii) 'E' Licences	...	...	...	274
No. cancelled during the year	(i) 'B' Licences	...	...	...	Nil
	(ii) 'E' Licences	...	...	...	243

No. of current licences at end of year 1,942.

Details of the results of all examinations of samples of milk are given in Table 20, Part III.

To ensure that the arrangements for handling and storing milk are maintained at a satisfactory level, some 551 inspections of premises have been made. These have resulted in the provision of 27 new and improved premises, and a further ten cold storage units have been installed. A total of 107 cold storage units are now in operation.



The policy of relating routine sampling to the quantity and designation of milk sold by the various dealers has continued, to avoid as far as possible duplication, but at the same time to spread the work over the areas of the various county districts. Each local authority is furnished with a monthly report of all samples taken within its area. 3,875 samples have been taken.

The two samples that failed the phosphatase test were isolated cases and investigation gave no indication of the cause of the failures. Where a sample failed the methylene blue test an investigation was made, appropriate advice given and a repeat sample taken. If a repeat sample of untreated milk from a producer/retailer failed the test the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food was informed. In this respect, attendance at the Milk Sub-Committee of the Ministry of Agriculture, Fisheries and Food is helpful, in that information is readily exchanged of producer/retailers being supervised, possible causes of failures and the action proposed. At the end of the year there were 115 producer/retailers in the County.

Sampling of untreated milk for antibiotics has continued in keeping with previous procedure of concentrating on untreated milk on retail sale. 886 samples of untreated milk have been submitted to the Public Health Laboratories for antibiotic examination, two of which contained antibiotics in excess of the accepted figure. Appropriate action was taken in each case.

## 2. FOOD AND DRUGS ACT, 1955 SECTION 31.

Samples of untreated milk are being obtained and submitted to the Public Health Laboratories for biological examination for the presence of tubercle bacilli, and brucella abortus which can cause contagious abortion among cattle and undulant fever in man. The results of 288 samples have been received and are shown in Table 20, Part III. The two positive results refer to samples of untreated milk which on examination showed brucella abortus to be present. They represent two cases and were obtained from two producer/retailers. In both cases the positive results were obtained from cultures and guinea pig inoculations. Appropriate action was taken in conjunction with officials of the Health Departments of the local authorities concerned and the producer's Veterinary Officer, and this resulted in positive and suspicious animals being withdrawn from the herd as speedily as possible, when routine testing of milk from the clear herd continued. In the meantime all milk was heat-treated.

### *Brucellosis*

The Brucellosis Incentive Scheme was announced in July by the Ministry of Agriculture, Fisheries and Food. It supercedes the Brucellosis (Accredited Herds) Scheme which was commenced in April, 1967 and closed to new applicants in March, 1970. Herds registered under the previous scheme can transfer to the Incentive Scheme if the owner elects to do so. The present scheme is designed primarily for the owner whose herd is free or relatively free of brucellosis. It is intended to accelerate the pace of voluntary accreditation commenced under the previous scheme by offering payment to the owners of registered accredited herds. In the case of dairy herds 1½d per gallon will be paid through the Milk Marketing Board and for beef herds 37/6d for each animal per annum as a supplement to the Hill Cow or Beef Subsidy. These amounts are to be reviewed each year but are guaranteed as a minimum for a period of at least 5 years.

Applicants must first satisfy the Ministry on their management policy and keep the necessary records. Testing is then carried out, the goal being three successive clear tests for the full herd in a minimum of eight months. If there is a reactor at any stage this must be removed for slaughter at the owner's expense and the cycle re-started two months later. From a public health point of view this scheme estimated to cost £23 million over the next five years is most welcome, although it is disappointing that producer/retailers are not to receive special consideration. It is therefore necessary that biological sampling for brucellosis of these supplies, of which there are 115 in the county, must continue.

The Chief Inspector of Weights and Measures reported that 21 samples of milk from six suppliers were found to be either deficient in milk fat, or showed evidence of added water. It was decided that four cases were suitable to take before the Justices, the remaining two cases were referred to the National Agricultural Advisory Service.



**FOOD AND DRUGS ACT**

The following statement shows the results of examinations carried out by the County Analyst during the year :—

	No. of samples.	No. adulterated.	% adulterated.
Milk ... ..	980	20	2.0
Other foods and drugs ... ..	2,636	105	4.0
	3,616	125	3.5
Appeal to cow samples ... ..			3
Milk below presumptive standard but genuine ... ..			144



## SECTION F—ENVIRONMENTAL HYGIENE

### I. (a) *Bacteriological Laboratory Facilities.*

The Public Health laboratories situated at the General Hospital, Newcastle upon Tyne, Havelock Hospital, Sunderland, General Hospital, Middlesbrough and the Friarage Hospital, Northallerton, undertake examinations for the administrative county area.

### (b) *Water Supplies.*

Piped water is supplied to the various parts of the administrative county area by the following water undertakers :—

Tees Valley & Cleveland Water Board  
Durham County Water Board  
Sunderland and South Shields Water Company  
Newcastle and Gateshead Water Company  
Hartlepoons Water Company.

Only small rural areas rely on local wells or springs.

Normal extensions of mains to housing estates and industry continue in all areas while work also proceeds in improving service reservoirs, treatment plants, etc.

The increased demand for water both for domestic and industrial use in the area continues. The major constructional work on the Cow Green Reservoir in Upper Teesdale for the Tees Valley and Cleveland Water Board was completed towards the end of the year and filling of the reservoir commenced. When full, its storage capacity will be 9,000 million gallons. It will act as a storage reservoir providing a more uniform flow in the river and enabling a further 35 million gallons per day to be extracted at the Board's pumping and treatment plant at Broken Scaur.

Copies of results of analysis of water samples taken by local authorities are sent to the County Health Department and, where necessary, further investigations are carried out. Of 815 samples taken, 83 were classed as unsatisfactory. These unsatisfactory samples were generally from individual spring or well supplies to isolated farms or dwellings and in a number of instances repeat samples of those reported in previous years. Routine samples of supplies to schools, kitchens, dairies and similar establishments continue to be taken by officers of the department and have proved generally satisfactory. Where adverse reports were received they came from local supplies subject to variation in quality and quantity due to extreme weather changes.

As mentioned in my last report samples additional to those taken as a routine measure for bacteriological examination, have been taken for chemical examination from supplies with a tendency to plumbo-solvent action, which do not pass through the treatment units of the major water undertakers, where appropriate action is taken to prevent plumbo-solvency. The results of the examination indicate no harmful effects from these supplies, but they merit further attention.

Schemes providing improved or new water supplies to certain areas have been submitted for consideration. Investigations have been carried out in each case and appropriate recommendations made.

### *Fluoridation of Water Supplies*

The Newcastle and Gateshead Water Company are continuing to add fluoride to water supplies treated by the purification plants at Whitely Dene and Throckley. The dose is one part of fluoride per million parts of water and the chemical being used is sodium silico fluoride. The area of the administrative county being supplied with this water includes Ryton Urban District and parts of Blaydon, Felling and Whickham Urban Districts and Chester-le-Street Rural District. Monthly samples are being taken for examination and are generally satisfactory.



In September, the Durham County Water Board commenced the addition of fluoride to water supplies treated by the purification plant at Honey Hill. Again the proposed dose is one part of fluoride per million parts of water but in this instance the chemical being used is Fluorosilicic acid. The area of the administrative county supplied includes Consett, Stanley and Chester-le-Street Urban Districts, parts of Blaydon and Whickham Urban Districts and parts of Chester-le-Street and Lanchester Rural Districts. As requested by the Minister of Housing and Local Government, who is responsible in the early stage for the supervision of fluoridation, arrangements have been made by the County Health Inspector to take weekly samples for examination.

II. (a) *Rural Water Supplies and Sewerage Acts, 1944-61.*

During the year the County Council continued to make grants towards the cost of approved schemes for the provision of piped water supplies and main drainage in the rural areas of the County. The following schemes were considered:—

	<i>Estimated Cost.</i>
Durham Rural District—Shadforth and Ludworth Sewerage and Sewage Disposal Scheme (amended) ... ..	£120,570
Darlington Rural District—Hurworth Sewerage Scheme ... ..	£19,500
Darlington Rural District—Brafferton and Coatham Mundeville Sewerage and Sewage Disposal Scheme (amended)... ..	£73,657
Durham County Water Board—Brancepeth Estate Water Supply Scheme ... ..	£16,000

In connection with Section 2(1) of the above Acts, a number of schemes were under consideration.

(b) *Drainage, Sewerage and Sewage Disposal.*

Routine inspections of existing disposal works and those under construction continue to be made. A number of schemes to replace overloaded and defective works to enable the continued development of housing and industrial estates have been submitted by local authorities for consideration. Investigations have been carried out in each case and appropriate recommendations made.

Tyneside Sewage Disposal—At the beginning of the year a local enquiry was held into an application for planning permission to construct a sewage treatment works on sites situated north and south of Northumberland Dock Road in the vicinity of Howdon, Tynemouth, and an application for consent to borrow approximately £30 million for Stage 1 of sewage disposal proposals for Tyneside. These proposals include the construction of a sewage treatment works in the vicinity of Dunston Power Station, Whickham, a grit extraction plant at Curfew Road, Jarrow and interceptor sewers on both banks of the River Tyne. Sludge from the Howdon Treatment Works would be disposed of at sea by tanker. The Minister's findings are awaited.

Teesside Sewage Disposal—Investigations by the Teesside authority and the Imperial Chemical Industries of possible methods of removing pollution from the tidal waters of the Tees continues. As this pollution consists of 87% industrial effluent and 13% domestic effluent it is obvious that the problem will not be quickly solved.

County Council Properties—As requested by the County Architect and the County Surveyor routine inspections of sewage disposal works, sampling of effluents and submission of appropriate recommendations of properties not on main drainage have continued.

(c) *Local Government Act, 1958.*

A number of applications for grant aid under Section 56 have been received from local authorities in respect of sewerage and sewage disposal schemes and the following scheme has been considered:—

	<i>Estimated Cost.</i>
Brandon and Byshottles U.D.C.—Meadowfield Off-site Sewers ... ..	£13,340

III. HOUSING.

A statement as to the position of housing in the administrative county, compiled from information supplied by district councils, is given in Table 21—Part III.



## SECTION G. GENERAL

### I. NURSING HOMES.

During the year no application was made to the County Council under Section 194 of the Public Health Act, 1936, for the delegation of their powers to district councils. The following nursing homes registered by the County Council were periodically inspected :—

<i>Name and Address.</i>	<i>Description.</i>
Percy House, Neville's Cross, Durham ... ..	Aged, infirm and border-line mental cases.
St. Cuthbert's Hospital, Rockcliffe Park, Croft, (annexe to Hospital of St. John of God, Scorton) ... ..	Chronic sick (males).
"Milford," North End, Durham ... ..	Aged and infirm.

The registration under the Public Health Act, 1936, of "Wayside", West Boldon, was cancelled on the 16th October and from that date the premises were registered under the National Assistance Act, 1948.

### II. NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948.

When a request is received for registration of a nursery, a list of requirements, based on the Department of Health and Social Security standards for nurseries, is forwarded and the building is inspected by a senior medical officer. Only when all conditions are satisfied is the registration recommended to the Health Committee.

Nurseries and child minders have been visited regularly by a senior medical officer and health visitors to ensure that satisfactory standards of health and hygiene are maintained. During the year, there was no case in which a nursery failed to maintain these standards.

During 1970, 31 premises were registered as nurseries and 47 persons were registered as daily minders. Three nurseries and 13 daily minders had their registrations cancelled, bringing the total registrations at the end of the year to 107 nurseries and 69 child minders.

### III. TEES-SIDE (MIDDLETON) AIRPORT.

The County Council assumed responsibility for the health control at the Tees-side (Middleton) Airport early in 1965. Arrangements continued for medical cover at the airport in co-operation with three local general practitioners. These doctors have agreed to act as medical inspectors under the Commonwealth Immigrants Act, 1962, and the Aliens Order, 1953, and they have been officially appointed by the Home Office. In addition, four senior members of my staff and myself have been appointed as medical inspectors.

With regard to the Public Health Airport Regulations, arrangements are made for one senior member of my medical staff to be available either in the office or at home at all times.

During 1970, 67 Commonwealth citizens subject to control under the Commonwealth Immigrants Act, 1962 arrived at the airport in addition to 80 aircraft carrying 525 aliens.







## ADMINISTRATION

The purpose of the school health service is to provide a comprehensive health program for all children in the school system. This program is designed to promote the physical, mental, and social well-being of the children and to provide a basis for the development of a healthy and efficient citizenry. The school health service is a part of the total school program and is administered by the school health committee, which is composed of representatives of the school board, the school principal, the school nurse, and the community health center. The school health committee is responsible for the development and implementation of the school health program and for the coordination of the school health service with the community health center. The school health service is administered by the school nurse, who is responsible for the day-to-day operation of the service. The school nurse is assisted by the school health aides, who are trained in the basic principles of health and first aid. The school health service is a part of the total school program and is administered by the school health committee, which is composed of representatives of the school board, the school principal, the school nurse, and the community health center. The school health committee is responsible for the development and implementation of the school health program and for the coordination of the school health service with the community health center. The school health service is administered by the school nurse, who is responsible for the day-to-day operation of the service. The school nurse is assisted by the school health aides, who are trained in the basic principles of health and first aid.

## PART II

### SCHOOL HEALTH SERVICE

1. Inspection--Regular medical inspections are carried out on all children in the school system. The purpose of these inspections is to detect and prevent disease and to provide a basis for the development of a healthy and efficient citizenry. The school health service is administered by the school nurse, who is responsible for the day-to-day operation of the service. The school nurse is assisted by the school health aides, who are trained in the basic principles of health and first aid.
2. Referral--When the school health service detects a child who is in need of special attention, the school health nurse will refer the child to the appropriate health agency. The school health service is administered by the school nurse, who is responsible for the day-to-day operation of the service. The school nurse is assisted by the school health aides, who are trained in the basic principles of health and first aid.
3. Special Examinations--Children who are in need of special attention are referred to the school health service for special examinations. The school health service is administered by the school nurse, who is responsible for the day-to-day operation of the service. The school nurse is assisted by the school health aides, who are trained in the basic principles of health and first aid.
4. Health Care--Regular dental inspections are carried out at school and when necessary, referrals are made to the dental clinic. The school health service is administered by the school nurse, who is responsible for the day-to-day operation of the service. The school nurse is assisted by the school health aides, who are trained in the basic principles of health and first aid.
5. Speech Therapy--This service is available to children who have a speech defect. The school health service is administered by the school nurse, who is responsible for the day-to-day operation of the service. The school nurse is assisted by the school health aides, who are trained in the basic principles of health and first aid.



## ADMINISTRATION

The function of the school health service is essentially to ascertain and assess, as early as possible, those children with physical, mental or social handicaps in order that remedial action can be taken if appropriate and to enable forward planning and provision of special educational facilities for them. As the desirability of continuity in medical care from infancy to school leaving age has become more and more apparent over recent years, the aim has been to develop a completely integrated child health service in which the transition from pre-school to school age no longer involves a transfer to the care of another branch of the local authority health service. Ideally, under such a system any handicaps are ascertained in the very early years of life, remedial action can be taken at a time when the maximum benefit is likely to accrue and the need for any special form of education can be determined well in advance of the fifth birthday. The extent to which the service is concerned in the care of the school child may be summarised as follows:—

1. **Inspection**—Routine medical inspections are carried out on all children commencing their school career, again when they attain the age of ten years and, finally when they leave school. Of the 135,000 children attending normal schools and the 350 mentally handicapped children in special schools, 36,000 were inspected during the year. In order to deploy the available medical staff to the best advantage and to ensure as many schools as possible are visited, some adjustments were made during the year to the areas allocated to school medical officers. As in previous years, it was again necessary to make considerable use of part-time medical staff to offset the shortage of permanent whole-time officers. The success of these measures is reflected in the statistics relating to school medical inspections, the number of children seen in 1970 being the highest for eight years.

Associated with this monitoring of general health is the so-called "sweep testing" of children for hearing defects. As mentioned elsewhere, this is normally carried out on children commencing school and again between the ages of seven and eight years.

2. **Referrals**—With the agreement of general medical practitioners, arrangements for treatment or for further specialist investigation are made when any defect is discovered at the time of an inspection. During the year 14,000 special examinations were carried out either as part of a continuing observation or at the request of parents or teachers. These examinations include further consultations with general practitioners or specialists or referral to our own or hospital clinics.
3. **Special examinations**—Children shown to be in need of special education are the subject of recommendations and their progress is kept under continuous review.
4. **Protection against infection and other adverse conditions**—Primarily, the aim is to raise the level of immunity to specific diseases and approximately 30,000 children were involved in some form of immunisation procedure during the year. The service is also concerned with the control of any epidemic diseases among school children (e.g. dysentery) and the hygiene of school premises, kitchens, etc.
5. **Dental care**—Regular dental inspections are carried out at schools and, where necessary, appropriate follow-up measures are taken. If the parent wishes, a child can receive the recommended treatment at the nearest school dental clinic.
6. **Speech Therapy**—This service has a valuable contribution to make in the management of a variety of disorders occurring in persons of all ages. In the case of children whose normal speech development has been disturbed as a result perhaps of a congenital malformation, birth injury, post natal trauma or emotional upset, the expertise of the trained speech therapist can be of inestimable value. It has been calculated that perhaps 75% of the children who require this form of therapy are ascertained by local authority staffs and the Department of Education and Science recommend a ratio of one speech therapist to 11/12000 schoolchildren as a desirable standard in school health services. In common with several other medical and para-medical disciplines, there is unfortunately an acute shortage of qualified speech therapists and the service provided by this County Council



suffers accordingly. Some years ago, agreement was reached between hospital management committees and local health authorities within the region for speech therapists to undertake both community and hospital work as it was thought that this might offer a greater degree of job satisfaction and thus improve recruitment. In fact, only one officer was employed on this basis during the year.

7. Health Education—The activities of this section of the general Health Department were recently extended to schools and there is a growing involvement in this field. During the year, two comprehensive pilot schemes were launched—one in the Seaham area and the other in the Barnard Castle area and a fair measure of success achieved. Projects dealing with smoking and drug problems were also promoted.

## PREMISES

Since the administrative control of the school health service passed to the Health Department in 1965, and as a natural consequence of a developing integration of child health services, every opportunity has been taken to accommodate school health, dental and child health clinics in the same premises. During the year, the acquisition of the former Civil Defence centre at Watling Road, Bishop Auckland enabled certain school health and child health services to be transferred from old premises in Etherley Lane. It is intended to make further adjustments to the services in this area when a planned health centre is ready for occupation.

## GENERAL STATISTICS

The numbers given throughout the report relate to the administrative county area excluding the excepted district of Easington. Statistics relating to Easington appear in Dr. Rodgers' report.

### SCHOOLS AND SCHOOL CHILDREN

<i>Type of School.</i>	<i>No.</i>	<i>No. on Rolls, January, 1971.</i>
Nursery Class part-time ... ..	—	57
Nursery ... ..	15	600 (full-time)
	—	167 (part-time)
Primary ... ..	419	83,543
Secondary ... ..	101	49,931
Special Schools :		
Day Schools for Educationally Sub-normal ... ..	7	721
Residential Schools for Educationally Sub-normal ... 3		
Residential Schools for Delicate pupils ... .. 1		
Residential Schools for Maladjusted boys ... .. 1		
	—	5
	<hr style="width: 50px; margin: 0 auto;"/>	<hr style="width: 50px; margin: 0 auto;"/>
	547	135,322
	<hr style="width: 50px; margin: 0 auto;"/>	<hr style="width: 50px; margin: 0 auto;"/>

(There is also a Residential Hostel for 15 maladjusted boys).



## SPECIAL SCHOOLS

The number of pupils attending the County special schools in January, 1971, was as follows:—

<i>(a) For Educationally Sub-Normal Children :—</i>							
Bishop Auckland Day School	...	...	...	...	...	...	117
Durham Day School	...	...	...	...	...	...	119
Felling Day School	...	...	...	...	...	...	113
Hare Law Day School	...	...	...	...	...	...	115
Houghton-le-Spring Day School	...	...	...	...	...	...	97
Jarrow Day School	...	...	...	...	...	...	74
Spennymoor Whitworth House Day School	...	...	...	...	...	...	86
Dinsdale Park Residential School	...	...	...	...	...	...	75
Elemore Hall Residential School	...	...	...	...	...	...	67
Walworth Castle Residential School	...	...	...	...	...	...	31
<i>(b) For Delicate Children :—</i>							
Windlestone Hall Residential School	...	...	...	...	...	...	85
<i>(c) For Maladjusted Children :—</i>							
Redworth Hall Residential School	...	...	...	...	...	...	45
<b>Total</b>						...	1,024

## SCHOOL HYGIENE AND SANITATION

Eight new primary and two new secondary schools were opened during 1970.

Alterations continue to take place in existing schools to bring them into line with the Standards for School Premises Regulations. At the end of the year twenty schools had either been provided with indoor sanitation or installation was proceeding. With the completion of work in installing a hot water system in one school during the year, all schools in the administrative county now have this provision.

Although satisfactory accommodation is provided in most new schools for the inspection of pupils by doctors, dentists and nurses, it is lacking in some of the older schools. Use of the purpose-built mobile inspection unit continues to be necessary in some of those schools where proper facilities are not available.

The policy of providing paper towels in secondary and special day schools is being extended to primary schools. Whenever an outbreak of dysentery or similar disease is suspected, paper towels are used in the schools concerned and other special sanitary measures arranged.

## MEDICAL INSPECTIONS

Routine medical inspection is still being carried out in three groups:—

- School Entrants.
- Ten-Plus Age Group.
- School Leavers.

At all nursery schools and special schools, children are examined every year as a matter of routine.

The following figures show that there has been an increase in the number of children examined each year since 1967. This increase is mainly due to the rationalisation of doctors' areas and the use of part-time officers in those areas where there are no full-time medical officers.

<i>Year</i>						<i>Routine Medical Inspection.</i>	<i>Special Inspections and Re-inspections</i>
1967	...	...	...	...	...	28,433	8,095
1968	...	...	...	...	...	31,818	9,235
1969	...	...	...	...	...	35,631	13,386
1970	...	...	...	...	...	38,280	16,152

Full details of medical inspections and treatments are given in Tables 22, 23 and 24 Part III.



### Physical Condition

The figures given below are derived from the individual assessments of all the school medical officers and it is pleasing to record that the percentage found "unsatisfactory" remains below 1%.

#### CLASSIFICATION OF PUPILS INSPECTED AT PERIODIC MEDICAL INSPECTIONS, 1967-1970.

Year	Unsatisfactory	
	Number	Percentage
1967	223	0.78
1968	178	0.56
1969	162	0.41
1970	124	0.32

### Medical Inspection at Training Centres for the Mentally Subnormal.

School medical officers made a total of 21 visits to carry out medical inspections of mentally subnormal persons attending the training centres at Bishop Auckland, Chester-le-Street, Consett, Durham, Hebburn, Houghton-le-Spring and Ferryhill.

These children and adolescents have been found to be "unsuitable for education at schools" and were certified to be so, by school medical officers who knew and examined them as school children or potential school entrants. The existing arrangement by which medical officers continue to medically examine these children and adolescents, and also visit the training centres, provides a very desirable continuity of contact, and at the same time allows the doctor to be aware of the facilities available at the centre.

## SPECIAL INVESTIGATIONS AND VACCINATION AND IMMUNISATION OF SCHOOL CHILDREN AT SCHOOL

### (a) Tuberculin Testing of School Entrants.

During the course of the year, the tuberculin testing of school entrants was suspended after consultation with the chest physicians who felt that the yield from this method of screening was too small to warrant its continuation.

Of the 156 children found to be tuberculin positive (1.48% of the 10,506 children tested) the majority had overcome the infection.

Testing and immunisation of older children continues as before.

### (b) Vaccination against Poliomyelitis.

Arrangements made in previous years were continued. With the consent of their parents school children were given immunising doses of oral vaccine by health visitors under the supervision of medical staff. The number of primary courses given was 1,611 and of reinforcing doses 5,365. It is encouraging to note that there were no cases of poliomyelitis confirmed in 1970.

### (c) Immunisation against Diphtheria and Tetanus.

The figures for 1970 were:—

		Diphtheria/Tetanus.	Diphtheria.	Tetanus.
Primary Courses	...	1,526	6	—
Boosters	... ..	4,635	100	—

### (d) B.C.G. Vaccination.

Tuberculin testing and vaccination of all school children aged 11 years and upwards was carried out throughout the County, by health visitors and medical officers. Of the 12,029 children skin tested, 1,169 (9.7%) were already tuberculin positive and therefore did not require vaccination. Protection against tuberculosis by B.C.G. vaccination was given to 9,826 children.



(e) *Measles Vaccination.*

Although the schools had been visited in 1968 and 1969, Infant and Junior schools were re-visited during March, April and May, 1970 and a further 2,837 children were vaccinated.

(f) *Rubella Vaccination.*

In September, 1970, a scheme for vaccination against rubella for girls in their 14th year was commenced and of 6,559 children whose parents had consented to this treatment 3,745 were vaccinated at the schools.

A number of sessions had to be postponed and a number of children who were absent were not vaccinated due to the bus strike.

(g) *School Excursions Overseas—Vaccination and Inoculation.*

Parents whose children go overseas in school parties are advised regarding their protection by vaccination or re-vaccination against smallpox and against the typhoid group of fevers.

Facilities were available for vaccination in the school clinics and a total of 144 children were re-vaccinated against smallpox and 164 children from 13 schools vaccinated against the typhoid fevers.

## HANDICAPPED PUPILS

The provision of special educational treatment for handicapped pupils continues to be one of the main priorities in the County's scheme.

The building of a regional assessment centre, for handicapped children, in Newcastle, is proceeding while provision of assessment centres within the County still under consideration.

The following figures show the distribution of handicapped children in the various categories (more detail is given in Table 25).

Blind	...	...	...	...	...	...	...	22
Partially sighted		...	...	...	...	...	...	23
Deaf	...	...	...	...	...	...	...	46
Partially hearing		...	...	...	...	...	...	78
Physically handicapped		...	...	...	...	...	...	187
Delicate...	...	...	...	...	...	...	...	93
Epileptic	...	...	...	...	...	...	...	8
Educationally sub-normal		...	...	...	...	...	...	1,053
Maladjusted	...	...	...	...	...	...	...	98
Speech Defective	...	...	...	...	...	...	...	—

(a) *Blind and Partially Sighted.*

**Blind Pupils:—**

At the end of the year there were 21 pupils in special schools. One child was receiving education otherwise than at school.

**Partially Sighted:—**

Whenever possible a partially sighted child is educated in an ordinary school but special schooling is sometimes necessary.

No pupils were recommended for entry to special schools for the partially sighted, but five children were recommended to continue to attend an ordinary school. At the end of the year there were 22 children in special schools. One child was receiving education otherwise than at school.



(b) *Deaf and Partially Hearing.*

*Deaf Pupils:—*

Reference is made in Section 22 to the ascertainment and assessment procedures used in dealing with this form of hardship.

One child was examined and recommended for education in a special school for deaf children. At the end of the year there were 44 children in such schools, and two children awaiting admission.

*Partially Hearing Pupils:—*

All of the ten pupils examined were subsequently recommended for admission to units for partially hearing children. At the end of the year there was one child in a special school. The units for partially hearing children provided accommodation for 77 children, including a number from Easington excepted district and South Shields County Borough.

A new nursery unit is to open at Bishop Auckland St. Anne's C.E. Junior Mixed and Infant School on the 1st September, 1971.

The question of providing units in the North Western Area of the County, is still under consideration.

(c) *Physically Handicapped Pupils.*

The number of children with physical handicaps examined for the first time during the year was 76 and 210 were re-examined. Of these, 212 were found to be able to cope with the conditions of the ordinary school, 16 were recommended for admission to special schools and 58 for tuition at home.

At the end of the year there were 15 children awaiting places in special schools. No child was considered to be unsuitable for any type of education.

Eighty-two physically handicapped children were attending special schools and 90 were receiving tuition either at home or in hospital.

(d) *Delicate Pupils.*

Forty-four children within this category were examined or re-examined during the year and 24 were found capable of attending ordinary schools. Fourteen were recommended for special schools, and six for home tuition and review at a later date.

At the end of the year 68 delicate children were attending special schools and 22 were receiving tuition at home or in hospital. Three children were awaiting places in special schools.

(e) *Epileptic Children.*

Four children were found, upon examination, to be suffering from epilepsy, three of whom were considered suitable for education in ordinary schools and the fourth was recommended for a special school.

There are six epileptic children in special schools outside the county and two epileptic children are receiving education at home.

(f) *Educationally Subnormal Children.*

During the year 266 children referred for this purpose, were examined, and of these 61 were found to be unsuitable for education in school. Details of the other recommendations appear in Table 25.

(g) *Maladjusted Children.*

Two hundred and eighty-four new cases were seen by a psychiatrist during the year, 43 of whom were seen at the request of Juvenile Courts. At the end of the year there were 50 children in special schools, 15 in special classes and 12 in the County Council's residential hostel. Twenty children were awaiting a vacancy in special schools. One was receiving home tuition.

(h) *Speech Defective Pupils.*

One thousand two hundred children were treated in Durham County Council clinics and special schools, whilst a further 248 children from the administrative county were known to have received treatment at the hospital clinics.



### Diabetic and Epileptic Holiday Camps

Arrangements were made for children to attend holiday camps under the auspices of the British Diabetic Association and the British Epilepsy Association as follows:—

The British Diabetic Association:—	
Balfour High School, Stirling	1
The British Epilepsy Association:—	
City of Coventry's Boarding School, Cleobury Mortimer	3

## MISCELLANEOUS MEDICAL EXAMINATIONS

Medical examinations other than periodic examinations in schools were undertaken as in previous years. Details are given below. (Figures in brackets refer to 1969).

### (a) Examination under Section 18 of the Children and Young Persons Act, 1933.

These examinations are of children between the ages of 14 and 16 and are required to determine the fitness of children to receive employment licences and badges. Part-time employment is usually that of newsboy, errand boy or shop assistant.

No. of children examined	244	(133)
No. of children unfit to be employed	none	(none)

### (b) Examination under Section 22 of the Children and Young Persons Act, 1933.

These are examinations of children desiring to take part in entertainments.

No. of children examined	13	(20)
No. of children unfit	none	(none)

### (c) Juvenile Courts.

No. of children or young persons examined arising out of proceedings in Juvenile Courts	43	(7)
---	----	-----

### (d) Candidates for Royal Air Force.

Apprentices or Boy Entrants	none	(none)
-----------------------------	------	--------

### (e) Candidates for admission to courses of training for teaching and to the teaching profession

	948	(969)
--	-----	-------

### (f) Superannuation cases

	969	(995)
--	-----	-------

## TESTING OF CHILDREN WITH HEARING DEFECTS

A general outline of the Audiology Service appears in Section 22 of Part I.

Audiometric screening of first year infants and first year juniors continued during 1970.

Despite the younger age at entry for infants and the consequent increased difficulty of testing, there were 1,138 more children screened than in 1969. The incidence of failure dropped slightly to 10.3% for infants and 5.5% for juniors compared with 10.6% and 5.7% respectively in 1969.

The work carried out at Audiology clinics continues to expand. The number of appointments was 8,993 in 1970 an increase of over 22% compared with the previous year.

A continuing disturbing fact is that 1 in 4 of all children who fail the initial screening test in school, do not attend clinics when subsequent appointments are made for them. The percentages of these "defaulters" has been consistent since 1965.

1965	24.8%
1966	25.3%
1967	26.7%
1968	23.6%
1969	25.0%
1970	27.0%



This suggests that considerable numbers of children are continuing their education under a handicap which may be avoidable or are seeking advice outside the School Health Service. This problem is at present under review.

Co-operation with the hospital service continued and Mr. R. G. Chaytor, Consultant E.N.T. Surgeon at the Fleming Memorial Hospital, Newcastle upon Tyne, held a monthly session specifically for Durham County children. These were attended by a senior medical officer and the Senior Audiometrician.

#### RESULT OF SCREENING IN SCHOOLS

	<i>Infants</i>				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Tested	...	...	...	...	6,957	7,103	14,060
Failed	...	...	...	...	753	692	1,445
% Incidence	...	...	...	...	10.8	9.7	10.3
	<i>Juniors</i>						
Tested	...	...	...	...	5,870	5,701	11,571
Failed	...	...	...	...	311	327	638
% Incidence	...	...	...	...	5.3	5.7	5.5

#### SCHOOL HEALTH SERVICE AUDIOLOGY CLINICS

<i>Number of Appointments</i>	<i>Did Not Attend</i>	<i>No Further Action</i>	<i>No Further Observation</i>	<i>Referred To Consultants</i>
8,993	2,424 (27.0%)	2,393 (26.6%)	3,690 (41.0%)	486 (5.4%)

#### MULTI-DISCIPLINARY OTOTOLOGY CLINIC ATTENDED BY HOSPITAL CONSULTANT

Commencing in May, a special Otology Clinic was held monthly at Durham Clinic, attended by Mr. G. Rhys Evans, Senior E.N.T. Consultant. This has proved to be of immense value in dealing with urgent cases very quickly.

<i>Appointments</i>	<i>Did Not Attend</i>	<i>Referred to Hospital</i>	<i>Review</i>	<i>No Further Action</i>
58	6	41	9	2

Of the 41 cases referred to hospital clinics, 10 were fitted with post aural hearing aids.

### CHILD GUIDANCE SERVICE

The work of the Child Guidance Service continues to expand, the establishment of psychiatrists having been increased from two to three during the course of the year. At the end of the year, the staff comprised three part-time psychiatrists (equivalent to approximately two whole-time), one whole-time and two part-time psychiatric social workers. In addition, a psychiatrist from the Prudhoe and Monkton Hospital operates a weekly clinic in County Council premises in Jarrow and has the assistance of a social worker.

Figures of attendances are as follows (attendances are given separately for Jarrow, but the Durham and Bishop Auckland Clinics are combined):—

<i>Psychiatrists :</i>	<i>New Cases :</i>	Durham 239
		Jarrow 45

These figures include 35 cases seen at Durham and 8 at Jarrow at the request of Juvenile Courts.

<i>Follow-up and treatment sessions :</i>	Durham 887
	Jarrow 127



*Social Workers :- Durham :*

Initial interview at home ... ..	53
Initial interview at clinic ... ..	171
Follow-up interview at clinic ... ..	680
Follow-up interview at home ... ..	277

*Jarrow :*

Initial interview at home ... ..	2
Initial interview at clinic ... ..	42
Follow-up interview at clinic ... ..	57
Follow-up interview at home ... ..	45

## SPEECH THERAPY

The staff establishment for this service consists of one Chief Speech Therapist, five senior speech therapists and ten speech therapists. During the year, one full-time and one part-time therapist resigned but the appointment of two full-time officers and one part-time unqualified assistant resulted in a marginal net gain. Staff in post at 31st December consisted of one Chief Speech Therapist, one Senior speech therapist, two speech therapists (one of whom undertakes hospital work one half day per week), two part-time therapists and two part-time unqualified assistants. It is known that several persons living in the county are at present undergoing training and it may be that some of these students will wish to practise in the area when qualified. In present circumstances unqualified assistants can make a useful contribution by assisting qualified staff at clinics and by conducting speech practice at day schools. The main need is for staff in the southern and western areas where children have longer distances to travel to clinics held monthly at Shildon, Spennymoor, Barnard Castle and Middleton-in-Teesdale or weekly at Newton Aycliffe and Bishop Auckland.

Three new clinics have commenced at Whickham, Dunston and Winlaton to deal with the densely populated region west of Gateshead. In order to reduce the long waiting list at Chester-le-Street clinic, it has been necessary to revive the clinic at Birtley. Regular visits are made to day and residential special schools but the staffing situation is such that the needs of Windlestone Hall and Jarrow Day School cannot be fully met.

During the year some 1,200 children attended clinics and special schools provided by the County Council and 248 attended Dryburn and Shotley Bridge hospitals where our therapists hold sessions. Treatment is also available at hospitals in Newcastle and Sunderland where children attend for assessment or review by teams consisting of a paediatrician/plastic surgeon/E.N.T. surgeon, a speech therapist, psychologist, physiotherapist and audiometrician.

Arrangements were made for first year students from the Sub-Department of Speech of Newcastle University to visit clinics and special schools and these visits were the subject of discussions between the Chief Speech Therapist, senior lecturers of the Sub-Department, and senior hospital and local authority therapists in the area.

At the fifth national conference held in Manchester in September, and attended by the Chief Speech Therapist, several stimulating concepts relating to intensive therapy were advanced. Having regard to the national shortage of trained staff, this type of therapy, together with the establishment of units for children attached to normal schools but severely handicapped by speech and language problems, may be the solution to providing treatment for large numbers of children.

## DENTAL SERVICE

### *Work-load.*

In July a Dental Officer from the Department of Education and Science visited the administrative county and noted the output of work per dental officer in fillings and extractions had risen by about 9%. The pattern of treatment was improving with a welcome start towards conservative dentistry. The ratio of permanent teeth filled to those extracted was 5:1 while orthodontics were increasing and the number of dentures increasing. Shortage of staff did not permit an annual inspection of all school children with an offer of treatment and, until staff shortages are overcome, inspections will be concentrated on primary schools.



Health education plays a large part in preventive dentistry and during the year many talks were given by dental auxiliaries to children in school. The Principal School Dental Officer and school dental officers gave talks to various organisations interested in dental health.

On 26th and 27th June a Careers Convention was held at Durham Technical College and a mobile dental van was on show in the grounds. The dental service was also featured in a careers exhibition at the Bishop Auckland Technical College from 15th-17th September. This was arranged in conjunction with the Newcastle upon Tyne Dental Hospital and the Principal School Dental Officer, a senior school dental officer, a dental auxiliary and dental surgery assistant attended to explain the various aspects of the School Dental Service. Close liaison with dental hospitals and general dental practitioners is maintained. In particular, I am grateful to Newcastle Dental, Dryburn, Sunderland General and Shotley Bridge Hospitals for their co-operation with x-rays and minor oral surgery.

In the near future, by extension of the Child Health Data Bank, it is hoped to send children a computerised third birthday card suggesting that they should attend for a dental inspection.

#### *Fluoridation of water supplies.*

In April water supplied from the Honeyhill reservoir near Consett became subject to fluoridation and it is planned to set up a longitudinal experiment to study the effects of this treatment on children's teeth.

#### *Provision of modern equipment and upgrading of premises.*

Considerable progress has been made. The re-equipping programme is proceeding in all clinics and the remaining substandard premises at Houghton-le-Spring, Stanley and Consett have been upgraded as recommended by the Department of Education and Science.

#### *Staffing.*

A shortage of dental officers and auxiliaries continues to be the major problem of the service, the present staffing ratio of one dental officer to 7,900 children being too high. This problem is shared by many other local health authorities and, of necessity, limits the scope of the service. Every effort is being made to present attractive prospects which are essential if new staff are to be persuaded to settle and work in the area.

#### *Courses.*

The Principal School Dental Officer attended the British Dental Association annual conference and the Chief Dental Officers' Co-ordinating Committee, both of which proved to be of great value.

The Principal School Dental Officer and three dental officers attended a symposium entitled "The Child's Dentition" at Sunderland General Hospital on 13th and 14th April. The dental auxiliaries also provided a display on the work of the auxiliary.

Other courses attended by members of the staff were one in Preventive Dentistry, arranged by the British Dental Association from 11th-13th November and another entitled "Clinical Procedures in Children's Dentistry and Orthodontics". The latter, organised by Newcastle upon Tyne University on four days between September and December, was oversubscribed and, of the three places requested, only one was allocated. The University intend to repeat the course early in 1971.

## NURSING AND HEALTH VISITOR SERVICES

The establishment of school nurses is 33 and at the 31st December 1970 there were 31 in post.

Cleanliness surveys were carried out by school nurses and home visits paid where necessary to give advice to parents. Health visitors and school nurses worked together in the care of families with special problems and in the follow-up of children discharged from hospital.

School nurses carried out Heaf Testing of school entrants while the scheme continued and assisted with B.C.G. vaccination of children 11 years or older. Assistance was also given at sessions for immunisation and vaccination against poliomyelitis, diphtheria and tetanus, measles and rubella.



School nurses were in attendance at medical inspections in schools, in examinations of potential employees of the County Council, college entrants for teacher training, handicapped pupils and specialist sessions for examination of sight and hearing.

Home visits were made to advise on the prevention of the spread of infection, following cleanliness surveys, discharge from hospital, follow-up of eye defects, defaulters from attendance for specialist or clinic appointments and the supervision of the use of enuresis equipment.

The escort of handicapped children to special schools was undertaken by health visitors or school nurses only in cases of special difficulties.

Thirty school nurses attended a short course on management appreciation at the Durham Technical College in groups during the year.

## HEALTH EDUCATION IN SCHOOLS

The Health Education Pilot Scheme which was instituted in the Seaham and Barnard Castle Multi-lateral Units in September, 1969, is progressing satisfactorily and all the schools involved are implementing the Health Education Syllabus. A meeting was held in each area in March and was attended by representatives of the Health and Education Departments. Miss V. Evans, H.M. Inspector of Schools responsible for Health Education in the Northern Division, attended the Barnard Castle meeting.

A further meeting was held in each area in November, when a full report of the first year's working was given. After one year of implementing the scheme, a high degree of uniformity had been achieved. A number of schools had experienced some difficulty in implementing that section of the scheme dealing with sex education, but it was felt that this difficulty would eventually be resolved. Good liaison with the Health Education Section of the Department has been maintained on matters of resource material, visual aids and lesson content. The overall results justify a continuance of the scheme in its present form.

## PROVISION OF SCHOOL MEALS

Arrangements are being made for the provision of kitchen dining rooms at 15 new schools and for kitchen facilities at 10 existing schools at present being supplied with meals from Central Kitchens.

Statistics showing the position on 31st December, 1970:—

Central Kitchens	...	...	...	...	...	...	...	28
School Canteens—								
Secondary	...	...	...	...	...	...	...	88
Primary	...	...	...	...	...	...	...	166
Nursery...	...	...	...	...	...	...	...	16
School Dining Centres	...	...	...	...	...	...	...	294

Meals supplied during 12 months ended 31st December, 1970:—

Free	...	...	...	...	...	...	...	2,760,013
On Payment	...	...	...	...	...	...	...	12,253,353
							<b>TOTAL</b>	<u>15,013,366</u>







TABLE 1.  
POPULATION, BIRTH RATE, DEATH-RATE, ETC., WITHIN THE ADMINISTRATIVE COUNTY OF DURHAM, 1970.

DISTRICTS.	Medical Officer of Health	Area in Acres.	Registrar General's estimated Resident Population 1970	Live Births	Still Births	Deaths	Birth-rate	Death-rate	Infant Mortality-rate per 1,000 Births	Phthisis Death-rate	Total Tuberculosis Death-rate	Lung Diseases Death-rate
AREA No. 1 Blaydon U.D. Ryton U.D. Whickham U.D.	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H. Do. Do.	9,235 5,145 6,074	31,970 14,720 28,470	528 210 453	4 — 8	344 186 331	16.5 14.3 15.9	10.8 12.6 11.6	19 24 18	— — 0.04	— — 0.04	1.10 1.90 1.44
AREA No. 2 Jarrow M.B. Felling U.D. Hebburn U.D.	G. H. Whalley, M.B., B.S., B.Hy., D.P.H., D.M.A., F.C.C.S. Do. Do.	1,948 3,257 1,555	29,240 38,910 24,390	538 573 359	7 12 5	361 416 286	18.4 14.7 14.7	12.3 10.7 11.7	17 23 22	0.07 0.03 —	0.07 0.03 —	2.02 1.59 2.09
AREA No. 3 Consett U.D. Stanley U.D. Lanchester R.D.	P. F. A. Pereira, M.B., B.S., D.P.H. Do. Do.	10,042 12,659 44,243	36,660 43,710 15,020	581 642 204	11 11 4	419 540 238	15.8 14.7 13.6	11.4 12.4 17.2	19 19 25	0.05 0.02 0.07	0.05 0.07 0.07	1.36 2.08 2.73
AREA No. 4 Chester-le-Street U.D. Chester-le-Street R.D.	J. L. Siddle, M.B., B.S., D.P.H. Do.	66,944	95,390	1,427	26	1,217	15.0	12.8	20	0.04	0.06	1.91
AREA No. 5 Baldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D.	G. H. Whalley, M.B., B.S., B.Hy., D.P.H., D.M.A., F.C.C.S. Vacancy Vacancy J. W. A. Rodgers, M.B., B.Ch., D.P.H. Vacancy	7,344 4,552 6,754 2,447 6,572	23,390 17,230 32,160 24,500 22,170	369 258 540 324 435	2 1 9 2 2	247 216 376 309 213	15.8 15.0 16.8 13.2 19.6	10.6 12.5 11.7 12.6 9.6	11 23 15 28 16	— 0.17 0.09 0.08 —	— 0.17 0.09 0.08 —	0.94 2.32 1.59 2.25 1.31
AREA No. 6 Crook & Willington U.D. Tow Law U.D. Weardale R.D.	G. A. Macgregor, M.D., D.P.H. Do. Do.	15,476 477 99,513	22,740 2,810 7,890	333 42 93	6 — 1	352 58 136	14.6 14.9 11.8	15.5 20.6 17.2	24 — 11	— 0.36 —	— 0.36 —	2.73 1.78 1.14
AREA No. 7 Durham M.B. Brandon & Byskholes U.D. Spennymoor U.D. Durham R.D. Sedgefield R.D. Stockton R.D.	R. G. Drummond, M.B., Ch.B., D.P.H. Do. Do. Do. D. D. Nichol, M.B., B.S., B.Hy., D.P.H. Do.	4,578 8,224 7,543 34,070 39,057 34,418	25,750 18,180 18,760 39,340 34,770 14,510	327 245 284 652 501 240	4 — 1 4 12 1	315 229 245 402 519 115	12.7 13.5 15.1 16.6 14.4 16.5	12.2 12.6 13.1 10.2 14.8 7.9	28 12 21 21 16 21	0.04 — 0.11 0.03 0.03 —	0.04 — 0.11 0.03 0.03 —	2.10 2.15 2.08 1.55 2.70 1.24
AREA No. 8 Barnard Castle U.D. Barnard Castle R.D.	A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. Do.	559 110,118	5,570 17,230	79 208	— 1	75 205	14.2 12.1	13.5 11.9	25 34	— —	— —	0.18 1.10
AREA No. 9 Bishop Auckland U.D. Shildon U.D. Darlington R.D.	E. M. Osborne, M.B., Ch.B., D.P.H., D.C.H., D.(Obst.) R.C.O.G. Do. Do.	9,332 4,827 45,173	34,360 13,770 33,310	531 187 506	7 — 14	390 156 261	15.5 13.6 15.2	11.4 11.3 7.8	6 11 18	0.06 0.03 0.03	0.06 0.03 0.03	1.46 1.60 1.05
Easington R.D.	J. W. A. Rodgers, M.B., B.Ch., D.P.H.	59,332	81,440	1,224	21	807	15.0	9.9	11	0.04	0.05	1.31
ADMINISTRATIVE COUNTY		34,673	85,300	1,492	26	975	17.5	11.4	20	0.04	0.04	1.65
		594,743	823,720	12,821	172	9,722	15.6	11.8	19	0.04	0.04	1.74



TABLE 2.

ADMINISTRATIVE COUNTY OF DURHAM.

COMPARISON OF DEATHS IN CERTAIN AGE GROUPS, 1900-1970.

Year.	Death Rate.	Percentage of Total Deaths.						
		Under 1 year.	1-14 years.	15-24 years.	25-44 years.	45-64 years.	65-74 years.	75 years and over.
1900	18.6	32.0	17.7	5.5	—	—	—	—
					26.9		17.9	
1910	14.3	29.1	16.6	5.2	—	—	—	—
					28.2		20.9	
1920	11.5	25.4	15.6	5.1	11.7	18.5	—	—
					30.2		23.7	
1930	11.2	13.7	10.6	5.3	11.7	23.6	—	—
					35.3		35.1	
1940	13.1	8.4	4.9	3.9	10.0	26.3	24.4	22.1
					36.3		46.5	
1950	11.8	6.1	1.9	1.6	6.3	23.8	27.7	32.6
					30.1		60.3	
1960	11.5	4.5	1.1	0.8	3.9	25.0	26.8	37.9
					28.9		64.7	
1970	11.8	2.5	0.9	0.7	3.2	23.4	29.7	39.6
					26.6		69.3	







TABLE 4.  
ADMINISTRATIVE COUNTY OF DURHAM.  
COMPARATIVE BIRTH AND INFANT MORTALITY STATISTICS, 1961-1970.

Year.	Live Births.	Deaths under 1 year.	Infant Mortality Rate.	Perinatal Mortality Rate.	Early Neo-Natal Mortality Rate.	Infant Mortality Rate. 1 week—1 year.
1961	17,411	407	23	35.7	13.8	9.3
1962	17,910	467	26	35.7	16.4	9.5
1963	17,639	396	22	32.4	13.5	8.8
1964	17,726	406	23	33.5	13.8	8.8
1965	17,601	362	21	30.7	12.0	8.4
1966	16,997	357	21	28.6	11.6	9.2
1967	16,035	332	21	26.6	11.3	9.4
1968	13,304	266	20	25.9	11.1	8.7
1969	12,760	207	16	26.0	10.0	6.7
1970	12,821	242	19	25.0	12.0	7.2



TABLE 5.

HOME NURSING STATISTICS.

Year.	Staff.		General Medical.		General Surgical.		Infectious Diseases.		Tuberculosis.		Maternal Complications.		Others.		Total.	
	Whole-time	Part-time	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits
1969	92	15	10,257	260,162	3,540	83,586	4	45	283	14,966	29	235	—	6,025	14,113	365,019
1970	103	12	11,466	282,113	4,184	94,095	12	264	182	10,626	43	394	—	10,923	15,887	398,415

Year.	Patients included in above Table who were 65 or over at the time of the first visit during the year.		Children included in above Table who were under 5 at the time of the first visit during the year.		Patients included in above Table who have had more than 24 visits during the year.	
	Cases	Visits	Cases	Visits	Cases	Visits
1969	7,471	221,515	295	2,474	3,593	232,330
1970	8,634	232,832	472	3,907	3,641	227,160



TABLE 6.

## ADMINISTRATIVE COUNTY OF DURHAM.

Number of Persons Vaccinated or Re-vaccinated against Smallpox for which records were received during the year 1970

District.	VACCINATED Age at date of Vaccination.					RE-VACCINATED Age at date of Re-vaccination.				
	Under 1	1	2 to 4	5 to 15	Total	Under 1	1	2 to 4	5 to 15	Total
<i>Area No. 1.</i>										
Blaydon U.D. ...	10	197	49	23	279	—	—	—	6	6
Ryton U.D. ...	1	192	71	30	294	—	—	6	24	30
Whickham U.D. ...	8	194	54	14	270	—	—	5	9	14
<i>Area No. 2.</i>										
Jarrow M.B. ...	15	141	39	12	207	—	—	1	2	3
Felling U.D. ...	8	123	75	16	222	—	—	3	6	9
Hebburn U.D. ...	4	69	65	6	144	—	—	5	2	7
<i>Area No. 3.</i>										
Consett U.D. ...	—	261	39	26	326	—	—	2	8	10
Stanley U.D. ...	2	279	48	9	338	—	—	2	14	16
Lanchester R.D. ...	2	111	15	4	132	—	—	—	2	2
<i>Area No. 4.</i>										
Chester-le-Street U.D.	3	176	30	2	211	—	—	—	4	4
Chester-le-Street R.D.	10	374	160	31	575	—	—	—	—	—
<i>Area No. 5.</i>										
Boldon U.D. ...	6	87	34	24	151	—	—	4	5	9
Hetton U.D. ...	2	56	25	14	97	—	—	—	—	—
Houghton-le-Spring U.D.	2	156	74	13	245	—	—	—	4	4
Seaham U.D. ...	1	88	28	6	123	—	—	—	1	1
Washington U.D. ...	4	98	40	14	156	—	—	4	9	13
<i>Area No. 6.</i>										
Crook & Willington U.D.	—	54	33	2	89	—	—	1	—	1
Tow Law U.D. ...	—	—	8	1	9	—	—	—	—	—
Weardale R.D. ...	2	28	6	24	60	—	—	—	—	—
<i>Area No. 7.</i>										
Durham M.B. ...	4	176	17	10	207	—	—	5	22	27
Brandon & Byshottles U.D. ...	2	98	15	9	124	—	—	—	—	—
Spennymoor U.D. ...	1	50	21	6	78	—	—	—	1	1
Durham R.D. ...	12	332	46	5	395	—	—	2	8	10
Sedgefield R.D. ...	6	148	54	18	226	—	—	2	5	7
Stockton R.D. ...	2	67	31	4	104	—	—	—	3	3
<i>Area No. 8.</i>										
Barnard Castle U.D. ...	2	10	7	4	23	—	—	—	3	3
Barnard Castle R.D. ...	—	51	29	17	97	—	—	—	5	5
<i>Area No. 9.</i>										
Bishop Auckland U.D.	3	174	78	24	279	—	—	5	11	16
Shildon U.D. ...	3	63	55	2	123	—	—	1	2	3
Darlington R.D. ...	9	144	82	24	259	—	—	1	31	32
Easington R.D. ...	7	265	76	15	363	—	—	5	11	16
ADMINISTRATIVE COUNTY	131	4262	1404	409	6206	—	—	54	198	252



TABLE 7.

## POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH, TETANUS AND MEASLES IMMUNISATION

No. of persons immunised against Poliomyelitis, Diphtheria, Whooping Cough, Tetanus and Measles for which records were received during the year ended 31st December, 1970

Type of Vaccine or Dose	Completed Primary Courses					Others Under Age 16	Total	Reinforcing Doses					Others Under Age 16	Total
	Year of Birth							Year of Birth						
	1970	1969	1968	1967	1963-66			1970	1969	1968	1967	1963-66		
Quadruple DTPP ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Triple DTP ... ..	257	7,530	1,222	135	220	23	9,387	120	676	403	2,252	97	3,548	
Diphtheria/Pertussis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria/Tetanus ... ..	5	95	46	14	1,600	79	1,839	32	42	40	7,397	439	7,950	
Diphtheria ... ..	—	—	—	—	6	—	6	1	3	1	116	7	128	
Pertussis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tetanus ... ..	—	3	3	5	52	502	565	2	4	13	227	947	1,193	
Salk ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sabin (Oral) ... ..	243	7,497	1,279	216	2,254	246	11,735	75	163	61	9,908	325	10,532	
Measles ... ..	6	3,881	3,536	877	3,801	192	12,293	—	—	—	—	—	—	
TOTALS	262	7,625	1,268	149	1,826	102	11,232	153	721	444	9,765	543	11,626	
Diphtheria ... ..	257	7,530	1,222	135	220	23	9,387	120	676	403	2,252	97	3,548	
Whooping Cough ... ..	262	7,628	1,271	154	1,872	604	11,791	154	722	456	9,876	1,483	12,691	
Tetanus ... ..	243	7,497	1,279	216	2,254	246	11,735	75	163	61	9,908	325	10,532	
Poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	



TABLE 8.

## ADMINISTRATIVE COUNTY OF DURHAM.

## AMBULANCE SERVICE—STATISTICS, 1948-70.

Year	No. of Journeys	OUT-PATIENTS ONLY			GENERAL SERVICE †			EMERGENCY SERVICE			TOTALS GENERAL AND EMERGENCY CASES			Total Mileage	Ambulances	Men
		Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total			
*1948	22,989	3,280	17,846	21,126	15,259	23,762	39,021	1,277	—	1,277	16,536	23,762	40,298	552,486	72	118
1949	61,906	7,395	63,463	70,858	29,609	84,995	114,604	2,321	1,428	3,749	31,930	86,423	118,353	1,501,047	92	248
1950	79,896	10,635	89,624	100,259	34,032	120,982	155,014	2,269	2,008	4,277	36,301	122,990	159,291	1,979,681	86	268
†1951	86,429	13,697	128,320	142,017	34,833	163,807	198,640	5,737	5,635	11,372	40,570	169,442	210,012	2,129,585	99	270
†1952	90,243	19,587	199,937	219,524	35,954	239,672	275,626	11,044	6,778	17,822	46,998	246,450	293,448	2,268,166	93	271
1953	92,329	18,527	197,915	216,442	34,374	240,721	275,095	12,322	7,373	19,695	46,696	248,094	294,790	2,286,856	91	272
1954	93,135	19,267	196,621	215,888	35,221	241,757	276,978	14,357	7,277	21,634	49,578	249,034	298,612	2,253,087	100	281
1955	90,796	18,220	208,783	227,003	33,559	254,652	288,211	15,424	7,553	22,977	48,983	262,205	311,188	2,303,313	97	272
1956	89,380	18,584	203,795	222,379	34,405	248,310	282,715	16,640	7,319	23,959	51,045	255,629	306,674	2,259,284	98	283
1957	91,504	17,691	203,104	220,795	34,781	249,720	284,501	18,071	7,480	25,551	52,852	257,200	310,052	2,269,711	91	277
1958	89,853	17,926	200,533	218,459	34,696	247,873	282,569	17,915	6,923	24,838	52,611	254,796	307,407	2,257,907	94	290
1959	86,380	15,996	199,211	215,207	31,788	244,302	276,090	18,657	6,596	25,253	50,445	250,898	301,943	2,212,705	86	289
1960	89,368	16,401	214,301	230,702	32,036	259,967	292,003	20,572	6,789	27,361	52,608	266,756	319,364	2,284,635	80	290
1961	88,588	17,296	232,206	249,502	32,311	276,423	308,734	21,890	6,395	28,285	54,201	282,818	337,019	2,318,275	90	286
1962	95,417	18,513	255,418	273,931	32,820	300,159	332,979	22,454	6,570	29,024	55,274	306,729	362,003	2,448,132	96	286
1963	95,865	18,808	273,080	291,888	32,984	319,428	352,412	24,168	6,789	30,957	57,152	326,217	383,369	2,554,115	92	291
1964	97,714	15,567	304,843	320,410	28,714	349,623	378,337	25,561	7,251	32,812	54,275	356,874	411,149	2,629,853	99	292
1965	96,072	13,165	297,131	310,296	26,029	340,653	366,682	25,530	7,814	33,344	51,559	348,467	400,026	2,600,320	117	286
1966	96,665	12,229	295,772	308,001	24,496	338,878	363,374	25,919	8,151	34,070	50,415	347,029	397,444	2,624,199	134	312
1967	96,695	13,390	303,062	316,452	24,916	343,866	368,782	25,361	8,420	33,781	50,277	352,286	402,563	2,696,792	140	319
1968	84,755	16,309	274,605	290,914	25,549	309,552	335,101	21,918	6,971	28,889	47,467	316,523	363,990	2,467,313	135	310
1969	84,094	14,827	277,045	291,872	23,846	312,541	336,387	23,079	7,921	31,000	46,925	320,462	367,387	2,534,226	139	322
1970	87,174	16,968	290,925	307,893	25,801	325,043	350,844	24,179	8,112	32,291	49,980	333,155	383,135	2,615,235	137	330

\* Half year only.

† Part of the increase in the figures recording the patients carried is due to the revised method of annual costing laid down by the Ministry of Health in Circular 25/51, which became operative on 1st August, 1951.

‡ Includes figures shown under "OUT-PATIENTS ONLY".



TABLE 9

ADMINISTRATIVE COUNTY OF DURHAM, 1970.

## TUBERCULOSIS—NEW CASES AND MORTALITY.

AGE PERIOD.	NEW CASES.							DEATHS.						
	Respiratory.			Non-Respiratory.			Total	Respiratory.			Non-Respiratory.			Total.
	M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.	
0 ... ..	—	—	—	—	1	1	1	—	—	—	—	—	—	—
1 ... ..	4	6	10	—	1	1	11	—	—	—	—	—	—	—
5 ... ..	11	3	14	2	2	4	18	—	—	—	1	—	1	1
15 ... ..	12	7	19	2	4	6	25	1	—	1	—	—	—	1
25 ... ..	7	11	18	2	3	5	23	—	—	—	—	—	—	—
35 ... ..	15	8	23	7	2	9	32	—	—	—	1	—	1	1
45 ... ..	13	17	30	—	2	2	32	6	2	8	—	1	1	9
55 ... ..	28	6	34	2	2	4	38	9	—	9	—	—	—	9
65 ... ..	19	2	21	—	1	1	22	6	3	9	—	—	—	9
75 and upwards ...	4	2	6	—	1	1	7	3	—	3	—	—	—	3
Age Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	113	62	175	15	19	34	209	25	5	30	2	1	3	33



TABLE 10.

## ADMINISTRATIVE COUNTY OF DURHAM, 1970.

Notifications of tuberculosis in each urban and rural district of the administrative county during the period 1st January, 1970 to 31st December, 1970.

District.	Primary Notifications of new cases of Tuberculosis.			
	Respiratory.		Non-respiratory.	
	Males.	Females.	Males.	Females.
<i>Area No. 1.</i>				
Blaydon U.D. ... ..	3	3	—	3
Ryton U.D. ... ..	5	4	1	—
Whickham U.D. ... ..	2	1	1	1
<i>Area No. 2.</i>				
Jarrow M.B. ... ..	8	7	2	2
Felling U.D. ... ..	8	4	—	1
Hebburn U.D. ... ..	4	3	—	1
<i>Area No. 3.</i>				
Consett U.D. ... ..	2	2	—	1
Stanley U.D. ... ..	9	5	3	2
Lanchester R.D. ... ..	2	—	1	—
<i>Area No. 4.</i>				
Chester-le-Street U.D. ... ..	7	2	1	—
Chester-le-Street R.D. ... ..	10	2	1	—
<i>Area No. 5.</i>				
Boldon U.D. ... ..	3	—	—	1
Hetton U.D. ... ..	—	—	—	—
Houghton-le-Spring U.D. ... ..	5	5	—	2
Seaham U.D. ... ..	5	2	—	—
Washington U.D. ... ..	5	4	—	—
<i>Area No. 6.</i>				
Crook and Willington U.D. ... ..	—	—	—	—
Tow Law U.D. ... ..	—	—	—	—
Weardale R.D. ... ..	3	1	—	—
<i>Area No. 7.</i>				
Durham M.B. ... ..	1	1	1	—
Brandon and Byshottles U.D. ... ..	3	2	—	—
Spennymoor U.D. ... ..	1	—	—	1
Durham R.D. ... ..	3	1	—	—
Sedgefield R.D. ... ..	2	2	—	2
Stockton R.D. ... ..	—	—	1	—
<i>Area No. 8.</i>				
Barnard Castle U.D. ... ..	—	—	—	—
Barnard Castle R.D. ... ..	1	—	—	—
<i>Area No. 9.</i>				
Bishop Auckland U.D. ... ..	8	4	2	1
Shildon U.D. ... ..	2	—	1	—
Darlington R.D. ... ..	2	1	—	—
Easington R.D. ... ..	9	6	—	1
ADMINISTRATIVE COUNTY ... ..	113	62	15	19



TABLE 11.

ADMINISTRATIVE COUNTY OF DURHAM, 1970.

## DEATHS FROM RESPIRATORY TUBERCULOSIS.

District.	Under 1 year		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and upwards	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Area No. 1.</i>																				
Blaydon U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ryton U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whickham U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
<i>Area No. 2.</i>																				
Jarrow M.B. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Felling U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Hebburn U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 3.</i>																				
Consett U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Stanley U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Lanchester R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
<i>Area No. 4.</i>																				
Chester-le-Street U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Chester-le-Street R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 5.</i>																				
Boldon U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
Hetton U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—
Houghton-le-Spring U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—
Seaham U.D. ... ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Washington U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 6.</i>																				
Crook and Willington U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tow Law U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Weardale R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 7.</i>																				
Durham M.B. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Brandon and Byshottles U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spennymoor U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—
Durham R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Sedgefield R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Stockton R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 8.</i>																				
Barnard Castle U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Barnard Castle R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Area No. 9.</i>																				
Bishop Auckland U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Shildon U.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Darlington R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Easington R.D. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—
ADMINISTRATIVE COUNTY ... ..	—	—	—	—	—	—	1	—	—	—	—	—	6	2	9	—	6	3	3	—



TABLE 12.  
ADMINISTRATIVE COUNTY OF DURHAM.  
DEATHS FROM NON-RESPIRATORY TUBERCULOSIS.

Area No.	District	Age Period	Sex	No. of deaths
3	Stanley U.D. ... ..	5 — 14	Male	1
		35 — 44	Male	1
9	Bishop Auckland U.D. ... ..	45 — 54	Female	1

TABLE 13.  
ADMINISTRATIVE COUNTY OF DURHAM.—New Cases and Deaths (with Death-rates and Attack-rates), 1941-1970.  
TUBERCULOSIS.

Year.	RESPIRATORY.				NON-RESPIRATORY.				TOTAL			
	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate
1941	770	542	0.65	0.92	481	106	0.13	0.57	1,251	648	0.77	1.49
1942	757	435	0.53	0.92	492	123	0.15	0.60	1,249	558	0.67	1.52
1943	836	514	0.63	1.03	530	90	0.11	0.65	1,366	604	0.74	1.68
1944	914	423	0.51	1.11	481	100	0.12	0.59	1,395	523	0.63	1.70
1945	913	458	0.55	1.10	514	104	0.13	0.62	1,427	562	0.68	1.72
1946	1,051	430	0.50	1.22	385	111	0.13	0.45	1,436	541	0.63	1.66
1947	1,008	516	0.59	1.16	338	96	0.11	0.39	1,346	612	0.70	1.55
1948	1,127	436	0.49	1.27	295	92	0.10	0.33	1,422	528	0.59	1.60
1949	1,067	428	0.47	1.18	273	74	0.08	0.30	1,340	502	0.56	1.48
1950	1,289	356	0.39	1.42	243	56	0.06	0.27	1,532	412	0.45	1.69
1951	1,179	321	0.36	1.31	212	48	0.05	0.24	1,391	369	0.41	1.55
1952	1,038	222	0.25	1.15	167	26	0.03	0.19	1,205	248	0.28	1.34
1953	917	221	0.24	1.01	144	24	0.03	0.16	1,061	245	0.27	1.17
1954	810	176	0.19	0.89	133	15	0.02	0.15	943	191	0.21	1.04
1955	707	162	0.18	0.77	115	22	0.02	0.13	822	184	0.20	0.90
1956	684	105	0.11	0.74	106	11	0.01	0.12	790	116	0.13	0.86
1957	632	125	0.13	0.68	107	11	0.01	0.12	739	136	0.15	0.80
1958	595	101	0.11	0.64	91	15	0.02	0.10	686	116	0.12	0.73
1959	480	94	0.10	0.51	77	8	0.01	0.08	557	102	0.11	0.59
1960	474	90	0.09	0.50	65	7	0.01	0.07	539	97	0.10	0.57
1961	418	74	0.08	0.44	74	3	0.003	0.08	492	77	0.08	0.52
1962	425	55	0.06	0.44	61	4	0.004	0.06	486	59	0.06	0.50
1963	352	54	0.06	0.36	58	5	0.005	0.06	410	59	0.06	0.42
1964	322	60	0.06	0.33	65	4	0.004	0.07	387	64	0.07	0.40
1965	257	68	0.07	0.26	49	6	0.006	0.05	306	74	0.08	0.31
1966	297	78	0.08	0.30	35	6	0.006	0.04	332	84	0.09	0.34
1967	286	53	0.06	0.30	27	6	0.006	0.03	313	59	0.06	0.34
1968	230	24	0.03	0.28	24	11	0.01	0.03	254	35	0.04	0.31
1969	179	23	0.03	0.22	33	11	0.01	0.04	212	34	0.04	0.26
1970	175	30	0.04	0.21	34	3	0.004	0.04	209	33	0.04	0.25

\*Rates per 1,000 population.



TABLE 14.

ADMINISTRATIVE COUNTY OF DURHAM.  
TUBERCULOSIS—New Cases and Deaths, 1941-1970.

Year.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
1941	388	382	241	240	299	243	55	51
1942	367	390	248	244	245	190	68	55
1943	438	398	240	290	296	218	64	26
1944	445	469	235	246	233	190	51	49
1945	527	386	249	265	255	203	48	56
1946	604	447	202	183	231	199	64	47
1947	534	474	166	172	253	263	58	38
1948	595	532	146	149	200	236	58	34
1949	552	515	127	146	240	188	39	35
1950	682	607	113	130	220	136	34	22
1951	654	525	102	110	195	126	26	22
1952	562	476	70	97	138	84	13	13
1953	502	415	66	78	129	92	14	10
1954	449	361	68	65	120	56	11	4
1955	376	331	54	61	108	54	9	13
1956	367	317	54	52	77	28	5	6
1957	368	264	42	65	96	29	7	4
1958	371	224	39	52	74	27	12	3
1959	289	191	32	45	74	20	7	1
1960	300	174	28	37	63	27	3	4
1961	257	161	37	37	57	17	2	1
1962	259	166	25	36	48	7	3	1
1963	222	130	27	31	44	10	4	1
1964	216	106	33	32	49	11	3	1
1965	158	99	19	30	56	12	4	2
1966	201	96	16	19	61	17	4	2
1967	189	97	10	17	40	13	4	2
1968	146	84	8	16	20	4	11	—
1969	121	58	15	18	18	5	7	4
1970	113	62	15	19	25	5	2	1

TABLE 15.

ADMINISTRATIVE COUNTY OF DURHAM, 1970.  
Numbers of Venereal Diseases patients treated for the first time.

	Treatment Centres.							Total.
	Stockton and Thor'by Hosp.	Newcastle General Hosp.	South Shields Clinic.	General Hospital Sunderland.	General Hospital Hartlepool.	Memorial Hospital Darlington.	General Hospital Middlesbrough.	
Syphilis	—	12	2	6	—	1	—	21
Gonorrhoea	9	131	9	99	6	24	5	283
Other Conditions	10	501	74	461	22	96	11	1175
Totals	19	644	85	566	28	121	16	1479







TABLE 17.

## CERVICAL CYTOLOGY—1970.

	No. of sessions during year	No. of smears taken	No. of repeat smears	No. of positive cases	No. of smears taken from persons resident outside admin. county
Bishop Auckland ... ..	1	22	1	—	—
Chester-le-Street ... ..	2	46	11	2	—
Consett ... ..	5	144	30	—	—
Hebburn ... ..	13	380	62	3	—
Houghton-le-Spring ... ..	8	239	3	—	2
Newton Aycliffe... ..	10	282	3	1	—
Seaham ... ..	3	113	—	—	—
Stanhope... ..	1	37	—	—	—
Stanley ... ..	1	29	2	—	—
Easington R.D. ... ..	84	1198	87	—	11



TABLE 18.

## MENTAL HEALTH SERVICE—HOSPITAL ADMISSIONS, 1970.

	HOSPITAL	SECTION 25 (Observation)	SECTION 26 (Treatment)	SECTION 29 (Emergency)	SECTION 39 (Leave Revoked)	SECTION 40 (Absence without leave)	SECTION 60 (Court cases)	SECTION 65 (Court case with restriction)	SECTION 136 (Mentally Disordered Person found in a Public Place)	INFORMAL	TEMPORARY (Cir. 5/52)
MENTALLY ILL	Cherry Knowle, Ryhope ...	7	1	18	—	—	—	—	—	31	—
	St. Georges, Morpeth ...	—	—	1	—	—	—	—	—	—	—
	South Shields General ...	4	—	7	—	—	—	—	—	26	—
	St. Mary's, Stannington ...	—	1	33	—	—	—	—	—	123	—
	St. Nicholas Gosforth ...	13	5	28	—	—	—	—	1	160	—
	Retreat, York ...	—	—	1	—	—	—	—	—	—	—
	Winterton, Sedgefield ...	48	6	206	—	—	1	—	1	172	—
	St. Luke's Middlesbro ...	—	—	1	—	—	—	—	—	1	—
	R.V.I., Newcastle ...	—	—	—	—	—	—	—	—	1	—
	North Tees ...	4	—	3	—	—	—	—	—	2	—
	Hartlepool General ...	—	—	4	—	—	—	—	—	2	—
Newcastle General ...	—	—	1	—	—	—	—	—	—	—	
Highfield, Chester-le-Street ...	—	—	—	—	—	—	—	—	1	—	
Darlington Memorial ...	4	—	15	—	—	—	—	—	14	—	
TOTALS ...	80	13	318	—	—	—	1	2	533	—	
MENTALLY SUB- NORMAL	Earls House, Durham	—	—	—	—	—	—	—	—	5	2
	Aycliffe ...	—	—	—	—	—	2	—	—	5	3
	Prudhoe and Monkton ...	4	1	1	—	—	1	—	—	12	115
	Northgate, Morpeth ...	1	—	—	—	—	1	—	—	1	—
	TOTALS ...	5	1	1	—	—	—	1	—	23	120







TABLE 20

## ADMINISTRATIVE COUNTY OF DURHAM, 1970.

Results of examination of samples of untreated, pasteurised and sterilised milk collected by officers of the County Health Department.

	No. of samples taken	Methylene Blue Test.			Phosphatase Test			Biological Test for Tuberculosis, etc.					Turbidity Test			Colony Count		
		Passed	Failed	Inconclusive	% Failed	Passed	Failed	% Failed	No. of samples taken	Negative	Positive	Inconclusive	% Positive	Passed	Failed	% Failed	Satisfactory	Unsatisfactory
<i>Pasteurised Milk</i>																		
(a) Dairies ...	263	254	7	2	2.7	263	—	—	—	—	—	—	—	—	—	—	—	—
(b) Schools ...	150	143	6	1	4.0	150	—	—	—	—	—	—	—	—	—	—	—	—
(c) Hospitals...	163	153	5	5	3.6	163	—	—	—	—	—	—	—	—	—	—	—	—
(d) Dealers ...	1,840	1,714	73	53	4.0	1,838	2	0.1	—	—	—	—	—	—	—	—	—	—
	2,416	2,264	91	61	3.7	2,414	2	0.08	—	—	—	—	—	—	—	—	—	—
<i>Untreated Milk</i>																		
(a) Farms ...	679	606	56	17	8.2	—	—	—	225	223	2	—	—	—	—	—	—	—
(b) Dealers ...	218	168	27	23	12.3	—	—	—	63	63	—	—	—	—	—	—	—	—
	897	774	83	40	9.2	—	—	—	288	286	2	—	—	—	—	—	—	—
<i>Sterilised Milk</i>																		
(a) Dairies ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Dealers ...	531	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	533	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Ultra-Heat Treated</i>																		
	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	—
TOTALS ...	3,875	3,038	174	101	4.5	2,414	2	0.08	288	286	2	—	—	—	—	—	29	—



TABLE 21.

## HOUSING.

Statement as to the position of housing in the Administrative County of Durham on the 31st December, 1970  
(Figures supplied by District Councils).

Districts.	Houses erected during 1970 by			Total No. of Inhabited Houses in District.
	Local Authority	Any Other Housing Authority.	Private Persons.	
<i>Area No. 1.</i>				
Blaydon U.D. ... ..	100	75	—	11,377
Ryton U.D. ... ..	18	—	4	5,368
Whickham U.D. ... ..	64	—	145	10,199
<i>Area No. 2.</i>				
Jarrow M.B. ... ..	110	—	111	9,701
Felling U.D. ... ..	85	30	—	13,137
Hebburn U.D. ... ..	166	—	—	8,360
<i>Area No. 3.</i>				
Consett U.D. ... ..	111	—	24	12,344
Stanley U.D. ... ..	324	—	93	15,278
Lanchester R.D. ... ..	—	—	28	4,781
<i>Area No. 4.</i>				
Chester-le-Street U.D. ... ..	4	—	6	7,524
Chester-le-Street R.D. ... ..	211	—	147	16,260
<i>Area No. 5.</i>				
Boldon U.D. ... ..	—	—	169	8,287
Hetton U.D. ... ..	49	—	75	5,823
Houghton-le-Spring U.D. ... ..	90	—	20	11,109
Seaham U.D. ... ..	20	10	19	8,054
Washington U.D. ... ..	—	375	179	7,826
<i>Area No. 6.</i>				
Crook and Willington U.D. ... ..	—	—	8	8,169
Tow Law U.D. ... ..	—	—	9	922
Weardale R.D. ... ..	—	—	1	3,269
<i>Area No. 7.</i>				
Durham M.B. ... ..	11	—	167	7,430
Brandon and Byshottles U.D. ... ..	25	—	22	6,199
Spennymoor U.D. ... ..	595	—	58	6,224
Durham R.D. ... ..	74	—	172	13,680
Sedgefield R.D. ... ..	81	—	69	11,874
Stockton R.D. ... ..	44	—	102	4,153
<i>Area No. 8.</i>				
Barnard Castle U.D. ... ..	—	35	6	1,824
Barnard Castle R.D. ... ..	10	—	16	6,256
<i>Area No. 9.</i>				
Bishop Auckland U.D. ... ..	117	—	97	11,806
Shildon U.D. ... ..	70	205	20	4,951
Darlington R.D. ... ..	—	—	62	9,870
Easington R.D. ... ..	104	410	102	28,923
<b>Total</b> ... ..	<b>2,483</b>	<b>1,140</b>	<b>1,931</b>	<b>280,978</b>



Number of pupils on register in January 1951

TABLE 2  
 Annual Distribution of Pupils (Administrative County Area) in Primary and Secondary Schools (Including Special Schools and Special Classes)

Year	Primary Schools		Secondary Schools		Total
	Number of Pupils	Number of Schools	Number of Pupils	Number of Schools	
1950-51	10,122	157	10,122	157	20,244
1949-50	9,875	155	9,875	155	19,750
1948-49	9,628	153	9,628	153	19,256
1947-48	9,381	151	9,381	151	18,762
1946-47	9,134	149	9,134	149	18,268
1945-46	8,887	147	8,887	147	17,774
1944-45	8,640	145	8,640	145	17,280
1943-44	8,393	143	8,393	143	16,786
1942-43	8,146	141	8,146	141	16,292
1941-42	7,899	139	7,899	139	15,798
1940-41	7,652	137	7,652	137	15,304
1939-40	7,405	135	7,405	135	14,810
1938-39	7,158	133	7,158	133	14,316
1937-38	6,911	131	6,911	131	13,822
1936-37	6,664	129	6,664	129	13,328
1935-36	6,417	127	6,417	127	12,834
1934-35	6,170	125	6,170	125	12,340
1933-34	5,923	123	5,923	123	11,846
1932-33	5,676	121	5,676	121	11,352
1931-32	5,429	119	5,429	119	10,858
1930-31	5,182	117	5,182	117	10,364
1929-30	4,935	115	4,935	115	9,870
1928-29	4,688	113	4,688	113	9,376
1927-28	4,441	111	4,441	111	8,882
1926-27	4,194	109	4,194	109	8,388
1925-26	3,947	107	3,947	107	7,894
1924-25	3,700	105	3,700	105	7,400
1923-24	3,453	103	3,453	103	6,906
1922-23	3,206	101	3,206	101	6,412
1921-22	2,959	99	2,959	99	5,918
1920-21	2,712	97	2,712	97	5,424
1919-20	2,465	95	2,465	95	4,930
1918-19	2,218	93	2,218	93	4,436
1917-18	1,971	91	1,971	91	3,942
1916-17	1,724	89	1,724	89	3,448
1915-16	1,477	87	1,477	87	2,954
1914-15	1,230	85	1,230	85	2,460
1913-14	983	83	983	83	1,966
1912-13	736	81	736	81	1,472
1911-12	489	79	489	79	978
1910-11	242	77	242	77	484
1909-10	171	75	171	75	342
1908-09	100	73	100	73	210
1907-08	29	71	29	71	138
1906-07	18	69	18	69	84
1905-06	7	67	7	67	38
1904-05	6	65	6	65	30
1903-04	5	63	5	63	22
1902-03	4	61	4	61	14
1901-02	3	59	3	59	6
1900-01	2	57	2	57	0
1899-00	1	55	1	55	0
1898-99	1	53	1	53	0
1897-98	1	51	1	51	0
1896-97	1	49	1	49	0
1895-96	1	47	1	47	0
1894-95	1	45	1	45	0
1893-94	1	43	1	43	0
1892-93	1	41	1	41	0
1891-92	1	39	1	39	0
1890-91	1	37	1	37	0
1889-90	1	35	1	35	0
1888-89	1	33	1	33	0
1887-88	1	31	1	31	0
1886-87	1	29	1	29	0
1885-86	1	27	1	27	0
1884-85	1	25	1	25	0
1883-84	1	23	1	23	0
1882-83	1	21	1	21	0
1881-82	1	19	1	19	0
1880-81	1	17	1	17	0
1879-80	1	15	1	15	0
1878-79	1	13	1	13	0
1877-78	1	11	1	11	0
1876-77	1	9	1	9	0
1875-76	1	7	1	7	0
1874-75	1	5	1	5	0
1873-74	1	3	1	3	0
1872-73	1	1	1	1	0
1871-72	1	0	1	0	0
1870-71	1	0	1	0	0
1869-70	1	0	1	0	0
1868-69	1	0	1	0	0
1867-68	1	0	1	0	0
1866-67	1	0	1	0	0
1865-66	1	0	1	0	0
1864-65	1	0	1	0	0
1863-64	1	0	1	0	0
1862-63	1	0	1	0	0
1861-62	1	0	1	0	0
1860-61	1	0	1	0	0
1859-60	1	0	1	0	0
1858-59	1	0	1	0	0
1857-58	1	0	1	0	0
1856-57	1	0	1	0	0
1855-56	1	0	1	0	0
1854-55	1	0	1	0	0
1853-54	1	0	1	0	0
1852-53	1	0	1	0	0
1851-52	1	0	1	0	0
1850-51	1	0	1	0	0
1849-50	1	0	1	0	0
1848-49	1	0	1	0	0
1847-48	1	0	1	0	0
1846-47	1	0	1	0	0
1845-46	1	0	1	0	0
1844-45	1	0	1	0	0
1843-44	1	0	1	0	0
1842-43	1	0	1	0	0
1841-42	1	0	1	0	0
1840-41	1	0	1	0	0
1839-40	1	0	1	0	0
1838-39	1	0	1	0	0
1837-38	1	0	1	0	0
1836-37	1	0	1	0	0
1835-36	1	0	1	0	0
1834-35	1	0	1	0	0
1833-34	1	0	1	0	0
1832-33	1	0	1	0	0
1831-32	1	0	1	0	0
1830-31	1	0	1	0	0
1829-30	1	0	1	0	0
1828-29	1	0	1	0	0
1827-28	1	0	1	0	0
1826-27	1	0	1	0	0
1825-26	1	0	1	0	0
1824-25	1	0	1	0	0
1823-24	1	0	1	0	0
1822-23	1	0	1	0	0
1821-22	1	0	1	0	0
1820-21	1	0	1	0	0
1819-20	1	0	1	0	0
1818-19	1	0	1	0	0
1817-18	1	0	1	0	0
1816-17	1	0	1	0	0
1815-16	1	0	1	0	0
1814-15	1	0	1	0	0
1813-14	1	0	1	0	0
1812-13	1	0	1	0	0
1811-12	1	0	1	0	0
1810-11	1	0	1	0	0
1809-10	1	0	1	0	0
1808-09	1	0	1	0	0
1807-08	1	0	1	0	0
1806-07	1	0	1	0	0
1805-06	1	0	1	0	0
1804-05	1	0	1	0	0
1803-04	1	0	1	0	0
1802-03	1	0	1	0	0
1801-02	1	0	1	0	0
1800-01	1	0	1	0	0
1799-00	1	0	1	0	0
1798-99	1	0	1	0	0
1797-98	1	0	1	0	0
1796-97	1	0	1	0	0
1795-96	1	0	1	0	0
1794-95	1	0	1	0	0
1793-94	1	0	1	0	0
1792-93	1	0	1	0	0
1791-92	1	0	1	0	0
1790-91	1	0	1	0	0
1789-90	1	0	1	0	0
1788-89	1	0	1	0	0
1787-88	1	0	1	0	0
1786-87	1	0	1	0	0
1785-86	1	0	1	0	0
1784-85	1	0	1	0	0
1783-84	1	0	1	0	0
1782-83	1	0	1	0	0
1781-82	1	0	1	0	0
1780-81	1	0	1	0	0
1779-80	1	0	1	0	0
1778-79	1	0	1	0	0
1777-78	1	0	1	0	0
1776-77	1	0	1	0	0
1775-76	1	0	1	0	0
1774-75	1	0	1	0	0
1773-74	1	0	1	0	0
1772-73	1	0	1	0	0
1771-72	1	0	1	0	0
1770-71	1	0	1	0	0
1769-70	1	0	1	0	0
1768-69	1	0	1	0	0
1767-68	1	0	1	0	0
1766-67	1	0	1	0	0
1765-66	1	0	1	0	0
1764-65	1	0	1	0	0
1763-64	1	0	1	0	0
1762-63	1	0	1	0	0
1761-62	1	0	1	0	0
1760-61	1	0	1	0	0
1759-60	1	0	1	0	0
1758-59	1	0	1	0	0
1757-58	1	0	1	0	0
1756-57	1	0	1	0	0
1755-56	1	0	1	0	0
1754-55	1	0	1	0	0
1753-54	1	0	1	0	0
1752-53	1	0	1	0	0
1751-52	1	0	1	0	0
1750-51	1	0	1	0	0
1749-50	1	0	1	0	0
1748-49	1	0	1	0	0
1747-48	1	0	1	0	0
1746-47	1	0	1	0	0
1745-46	1	0	1	0	0



MINISTRY OF EDUCATION TABLES RELATING TO THE INSPECTION AND TREATMENT OF PUPILS IN THE ADMINISTRATIVE COUNTY AREA EXCLUDING THE EXCEPTED DIVISION OF EASINGTON.

Number of Pupils on registers of maintained and assisted nursery, primary, secondary and special schools in January, 1971 ... .. 135,322

TABLE 22

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

*Periodic Medical Inspections.*

Age Groups Inspected (by year of birth).	Number of Pupils Inspected.	Physical Condition of Pupils Inspected.	
		Satisfactory.	Unsatisfactory.
		No.	No.
1966 and later ... ..	988	977	11
1965 ... ..	4,560	4,553	7
1964 ... ..	6,603	6,585	18
1963 ... ..	2,539	2,526	13
1962 ... ..	663	658	5
1961 ... ..	281	280	1
1960 ... ..	1,304	1,297	7
1959 ... ..	5,812	5,804	8
1958 ... ..	3,924	3,909	15
1957 ... ..	970	961	9
1956 ... ..	4,857	4,851	6
1955 and earlier ... ..	5,779	5,755	24
Total ... ..	38,280	38,156	124

*Other Inspections.*

Notes :— A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections ... ..	795
Number of Re-inspections ... ..	15,357
<b>Total ... ..</b>	<b>16,152</b>

*Infestation with Vermin.*

Notes :—All cases of infestation, however slight, are included.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ..	77,497
(b) Total number of individual pupils found to be infested ... ..	3,271
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ... ..	3,271
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) ... ..	—



TABLE 23

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR.

Note : (T) Number of pupils found to need treatment.  
(O) Number of pupils found to need observation.

Defect or Disease.	Periodic Inspections.								Special Inspections.	
	Entrants.		Leavers.		Others.		Total.		(T)	(O)
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)		
Skin	340	390	317	258	371	305	1,028	953	8	21
Eyes—										
(a) Vision ...	640	1,363	927	1,309	1,058	1,527	2,625	4,199	77	196
(b) Squint ...	284	369	77	160	162	285	523	814	10	40
(c) Other ...	48	60	25	50	52	66	125	176	1	13
Ears—										
(a) Hearing ...	251	948	64	87	133	315	448	1,350	17	73
(b) Otitis Media ...	89	483	34	93	60	229	183	805	2	17
(c) Other ...	21	112	7	27	9	43	37	182	—	4
Nose and Throat ...	258	1,608	82	254	167	633	507	2,495	11	69
Speech ...	115	388	13	20	37	147	165	555	6	40
Lymphatic Glands	9	261	4	25	3	98	16	384	—	4
Heart ...	42	287	23	137	19	182	84	606	1	15
Lungs ...	83	590	33	123	54	304	170	1,017	7	50
Developmental—										
(a) Hernia ...	54	47	1	3	9	16	64	66	—	3
(b) Other ...	30	437	26	70	96	256	152	763	5	19
Orthopaedic—										
(a) Posture ...	3	49	4	70	9	81	16	200	2	2
(b) Feet ...	55	309	63	234	58	297	176	840	3	24
(c) Other ...	35	195	38	137	53	172	126	504	5	25
Nervous System—										
(a) Epilepsy ...	16	34	16	19	26	34	58	87	4	4
(b) Other ...	28	200	18	51	33	161	79	412	1	15
Psychological—										
(a) Development ...	35	265	7	82	149	315	191	662	3	30
(b) Stability ...	25	367	9	54	29	219	63	640	5	31
Abdomen ...	37	177	17	48	30	107	84	332	2	21
Other ...	43	268	62	216	84	293	189	777	4	10



TABLE 24

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS).

NOTES :—This part of the return gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff ;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

*Eye Diseases, Defective Vision and Squint.*

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	252
Errors of refraction (including squint) ... ..	13,049
Total ... ..	13,301
Number of pupils for whom spectacles were prescribed ... ..	9,384

*Diseases and Defects of Ear, Nose and Throat.*

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear ... ..	87
(b) for adenoids and chronic tonsillitis ... ..	1,284
(c) for other nose and throat conditions ... ..	61
Received other forms of treatment ... ..	41
Total ... ..	1,473
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1970 (see note (i) below) ... ..	24
(b) in previous years (see note (ii) below) ... ..	210

- (i) A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.
- (ii) The number entered in (b) does not include children who have left school.

*Orthopaedic and Postural Defects.*

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ... ..	25
(b) Pupils treated at school for postural defects ... ..	—
Total ... ..	25



*Diseases of the Skin.*

(excluding uncleanness, for which see Table 26).

	Number of cases known to have been treated
Ringworm—(a) Scalp ... ..	—
(b) Body ... ..	—
Scabies ... ..	1
Impetigo ... ..	8
Other skin diseases ... ..	7
Total ... ..	16

*Child Guidance Treatment.*

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics ... ..	384

*Speech Therapy.*

	Number of cases known to have been treated.
Pupils treated by speech therapists ... ..	1,448

*Other Treatment given.*

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments ... ..	44
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vaccination ... ..	9,826
(d) Other than (a) (b) and (c) above—	
Orthoptic ... ..	180
U.V.R. ... ..	—
Total ... ..	10,050



TABLE 25.

## HANDICAPPED PUPILS—DETAILS OF CLASSIFICATION AND PLACEMENT, 1970.

<i>(a) Blind Pupils.</i>									
No. of children examined by Consultant Ophthalmologists during the year	...	...	...	...	...	...	...	...	—
No. of children examined by School Medical Officers during the year	...	...	...	...	...	...	...	...	—
School Medical Officers' recommendations :—									
(a) Special schools for blind pupils	...	...	...	...	...	...	...	...	—
(b) Education otherwise than at school	...	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	...	21
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	1
No. requiring places in special schools	...	...	...	...	...	...	...	...	—
<i>(b) Partially Sighted Pupils.</i>									
No. of children examined by Consultant Ophthalmologists during year...	...	...	...	...	...	...	...	...	1
No. of children examined by School Medical Officers during year	...	...	...	...	...	...	...	...	5
School Medical Officers' recommendations :—									
(a) Ordinary schools	...	...	...	...	...	...	...	...	5
(b) Special Schools for partially sighted	...	...	...	...	...	...	...	...	—
(c) Education otherwise than at school	...	...	...	...	...	...	...	...	—
(d) Re-examination	...	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	...	22
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	1
No. requiring places in special schools	...	...	...	...	...	...	...	...	—
<i>(c) Deaf.</i>									
No. of children examined during the year	...	...	...	...	...	...	...	...	1
School Medical Officers' recommendations :—									
(a) Special Schools for Deaf Children	...	...	...	...	...	...	...	...	1
(b) Home Tuition	...	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	...	44
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	...	...	2
<i>(d) Partially Hearing.</i>									
No. of children examined by School Medical Officers during the year	...	...	...	...	...	...	...	...	10
School Medical Officers' recommendations :—									
(a) Ordinary schools	...	...	...	...	...	...	...	...	—
(b) Units for Partially Hearing Children	...	...	...	...	...	...	...	...	10
(c) Special Schools for Partially Hearing Pupils	...	...	...	...	...	...	...	...	—
(d) Special schools for other categories	...	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	...	1
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	...	...	—
No. in units for partially hearing	...	...	...	...	...	...	...	...	77
No. awaiting places in units	...	...	...	...	...	...	...	...	—



(e) *Physically Handicapped.*

No. of children examined during the year ... ..	76
No. of children re-examined during the year ... ..	210
School Medical Officers' recommendations :—	
(a) Ordinary schools ... ..	212
(b) Special schools for physically handicapped children ... ..	12
(c) Special schools for other categories ... ..	4
(d) Hospital special schools ... ..	—
(e) Education otherwise than at school ... ..	58
(f) Unsuitable for any school ... ..	—
(g) Re-examination ... ..	—
No. in special schools at end of year ... ..	82
No. receiving education otherwise than at school ... ..	90
No. requiring places in special schools ... ..	15

(f) *Delicate.*

No. of children examined during the year ... ..	34
No. of children re-examined during the year ... ..	10
School Medical Officers' recommendations :—	
(a) Ordinary schools ... ..	24
(b) Special schools for delicate children ... ..	14
(c) Education otherwise than at school ... ..	6
(d) Re-examination ... ..	—
(e) Special schools for other categories ... ..	—
No. in special schools at end of year ... ..	68
No. receiving education otherwise than at school ... ..	22
No. requiring places in special schools ... ..	3

(g) *Epileptic.*

No. of children examined during the year ... ..	4
No. of children re-examined during the year ... ..	—
School Medical Officers' recommendations :—	
(a) Ordinary school ... ..	2
(b) Special school for epileptics ... ..	1
(c) Special school for other categories ... ..	—
(d) Re-examination ... ..	—
(e) Home tuition ... ..	1
No. in special schools at end of year ... ..	6
No. receiving education otherwise than at school ... ..	2
No. requiring places in special schools ... ..	—

(h) *Educationally Sub-normal Children.*

No. of children examined during the year ... ..	266
---	-----



School Medical Officers' recommendations:—

(a) Ordinary schools	...	...	...	...	...	...	...	...	...	8
(b) Special education in ordinary schools	...	...	...	...	...	...	...	...	...	—
(c) Special schools for educationally subnormal pupils	...	...	...	...	...	...	...	...	...	176
(d) Special schools for other categories	...	...	...	...	...	...	...	...	...	—
(e) Education otherwise than at school	...	...	...	...	...	...	...	...	...	1
(f) Incapable of receiving education at school	...	...	...	...	...	...	...	...	...	61
(g) Supervision after leaving school	...	...	...	...	...	...	...	...	...	14
(h) Re-examination	...	...	...	...	...	...	...	...	...	6
No. in special schools at end of year	...	...	...	...	...	...	...	...	...	858
No. receiving special education in ordinary schools	...	...	...	...	...	...	...	...	...	4,000
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	...	4
No. requiring places in special schools	...	...	...	...	...	...	...	...	...	191

(i) *Maladjusted Children.*

No. of children who attended Child Guidance Centres during the year	...	...	...	...	...	...	...	...	...	384
No. in special schools at end of year	...	...	...	...	...	...	...	...	...	50
No. in residential hostel at end of year	...	...	...	...	...	...	...	...	...	12
No. in special classes	...	...	...	...	...	...	...	...	...	15
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	...	1
No. requiring places in special schools	...	...	...	...	...	...	...	...	...	20

(j) *Speech Defective Children.*

No. of children receiving speech therapy in school clinics or in hospitals	...	...	...	...	...	...	...	...	...	1448
No. in special schools at end of year	...	...	...	...	...	...	...	...	...	—
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	...	...	...	—



TABLE 26

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY, 1970

(excluding Easington).

(1) *Attendances and Treatment.*

First Visit	...	...	...	...	...	...	...	...	...	...	13,813
Subsequent Visits	...	...	...	...	...	...	...	...	...	...	21,750
Additional courses of treatment commenced	...	...	...	...	...	...	...	...	...	...	548
Fillings :—											
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	19,998
Deciduous Teeth	...	...	...	...	...	...	...	...	...	...	12,148
Number of Teeth Filled :—											
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	16,468
Deciduous Teeth	...	...	...	...	...	...	...	...	...	...	9,661
Extractions :—											
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	3,584
Deciduous Teeth	...	...	...	...	...	...	...	...	...	...	15,440
Administration of General Anaesthetics	...	...	...	...	...	...	...	...	...	...	5,267
Emergencies	...	...	...	...	...	...	...	...	...	...	822
Other Operations :—											
Number of Pupils X-rayed	...	...	...	...	...	...	...	...	...	...	582
Prophylaxis	...	...	...	...	...	...	...	...	...	...	2,209
Teeth otherwise conserved	...	...	...	...	...	...	...	...	...	...	2,194
Number of Teeth root filled	...	...	...	...	...	...	...	...	...	...	46
Inlays	...	...	...	...	...	...	...	...	...	...	1
Crowns	...	...	...	...	...	...	...	...	...	...	44
Courses of treatment completed	...	...	...	...	...	...	...	...	...	...	11,985

(2) *Orthodontic Work.*

Cases remaining from previous year	...	...	...	...	...	...	...	...	...	...	1,214
New Cases commenced during the year	...	...	...	...	...	...	...	...	...	...	260
Cases completed during year	...	...	...	...	...	...	...	...	...	...	158
Cases discontinued during year	...	...	...	...	...	...	...	...	...	...	25
No. of removable appliances fitted	...	...	...	...	...	...	...	...	...	...	232
No. of fixed appliances fitted	...	...	...	...	...	...	...	...	...	...	13
Pupils referred to hospital consultant	...	...	...	...	...	...	...	...	...	...	46

(3) *Prosthetic Work.*

Pupils supplied with Full Upper or Full Lower (First time)	...	...	...	...	...	...	...	...	...	...	2
Pupils supplied with other dentures (First time)	...	...	...	...	...	...	...	...	...	...	65
Number of Dentures supplied	...	...	...	...	...	...	...	...	...	...	67

(4) *Anaesthetics.*

General Anaesthetics administered by dental officers	...	...	...	...	...	...	...	...	...	...	50
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----



(5) *Inspections.*

(a) First inspection at school. Number of pupils	...	...	...	...	...	...	...	32,848
(b) First inspection at clinic. Number of pupils	...	...	...	...	...	...	...	2,525
Number of (a) + (b) found to require treatment	...	...	...	...	...	...	...	22,396
Number of (a) + (b) offered treatment	...	...	...	...	...	...	...	20,705
(c) Pupils re-inspected at school or clinic	...	...	...	...	...	...	...	2,173
Number of (c) found to require treatment	...	...	...	...	...	...	...	1,749

(6) *Sessions.*

Sessions devoted to treatment	...	...	...	...	...	...	...	6,952.5
Sessions devoted to inspection	...	...	...	...	...	...	...	363
Sessions devoted to dental health education	...	...	...	...	...	...	...	277.5



TABLE 27

## SCHOOL CLINICS

(Services available 31st December, 1970).

<i>Clinic.</i>	<i>Sessions.</i>		<i>Sessions.</i>	
BARNARD CASTLE Council Offices, Galgate.	Medical Officer ...	Wed. (a.m.) 1st week in month		
		Building used by School Health Service.		
BIRTLEY Hexham Villa.	Medical Officer ...	Wed. (a.m.)	Educational Psychologist ...	By arrangement.
	Dental Officer ...	Daily.	Audiometrician ...	By arrangement.
	Oculist ...	Alternate Fridays.	Speech Therapist ...	Tues. (a.m.), Thurs.
		Building used by Maternity and Child Welfare and School Health Service.		
BISHOP AUCKLAND. Watling Road.	Medical Officer ...	Mon. (p.m.), Thurs. (a.m.)	Speech Therapist ...	Mon. (p.m.), Thurs.
			Audiometrician ...	By arrangement.
		Building used by Maternity and Child Welfare and School Health Service.		
BISHOP AUCKLAND. 23, Etherley Lane.	Dental Officer ...	Daily	Educational Psychologist ...	By arrangement.
	Oculist ...	Tues., Fri., (a.m.)		
		Building used by School Health Service.		
BLAYDON. Shibdon Road.	Medical Officer ...	Tues. (a.m.), Fri. (a.m.)	Educational Psychologist ...	By arrangement.
	Dental Officer ...	Tues., Thurs., Fri.		
	Oculist ...	Wed. (p.m.)	Audiometrician ...	By arrangement.
		Building used by Maternity and Child Welfare and School Health Service.		
CHESTER-LE- STREET Mains Farm House, West Lane.	Medical Officer ...	Fri. (a.m.)	Audiometrician ...	By arrangement.
			Speech Therapist ...	Monday.
		Building used by Maternity and Child Welfare and School Health Service.		
CONSETT. 192 Medomsley Road.	Medical Officer ...	Fri. (p.m.)	Educational Psychologist ...	By arrangement.
	Dental Officer ...	Daily.		
	Oculist ...	Wed. (p.m.)	Audiometrician ...	By arrangement.
		Building used by Maternity and Child Welfare and School Health Service.		
CROOK. Dawson Street.	Medical Officer ...	Wed. (a.m.)	Educational Psychologist.	By arrangement.
	Dental Officer ...	Mon. (all day) Tues. (p.m.), Thurs. (p.m.) Fri. (p.m.)	Audiometrician ...	By arrangement.
		Building used by School Health Service.		
DURHAM. Musgrave Gardens.	Medical Officer ...	Thurs.	Speech Therapist ...	Mon, Tues., Wed., Thurs., Fri. (p.m.)
	Dental Officer ...	No. 1 Surgery— Mon., Thurs., Fri. No. 2 Surgery— Mon., Thurs., Fri.	Audiometrician ...	By arrangement.
			Oculist ...	Mon. (a.m.)
		Building used by Maternity and Child Welfare and School Health Service.		
EAST BOLDON. Boker Lane.	Medical Officer ...	Alt. Fri. (a.m.)	Audiometrician ...	By arrangement.
			Speech Therapist ...	Thurs. (a.m.)
		Building used by Maternity and Child Welfare and School Health Service.		



<i>Clinic.</i>	<i>Sessions.</i>		<i>Sessions.</i>	
FELLING. Grassbanks, Leam Lane.	Medical Officer ...	Tues. (a.m.)	Speech Therapist ...	Wed.
	Dental Officer ...	Daily.	Audiometrician ...	By arrangement.
	Oculist ...	Mon. (p.m.)		
Building used by Maternity and Child Welfare and School Health Service.				
HEBBURN. Argyle Street	Medical Officer ...	Mon. (a.m.)		
	Dental Officer ...	Daily.	Audiometrician ...	By arrangement.
Building used by Maternity and Child Welfare and School Health Service.				
HOUGHTON- LE-SPRING. Lambton House, Gasworks Lane.	Medical Officer ...	Tues.	Oculist ...	Fri. (p.m.)
	Dental Officer ...	No. 1 Surgery—Daily. No. 2 Surgery—Daily.	Speech Therapist ...	Tues. (p.m.), Wed. (a.m.)
			Audiometrician ...	By arrangement.
			Educational Psychologist.	By arrangement.
Building used by Maternity and Child Welfare and School Health Service.				
JARROW. "Balgownie," Bede Burn Road.	Medical Officer ...	Mon. (p.m.)	Speech Therapist ...	Tues., Thurs.(p.m.) Fri. (p.m.)
	Dental Officer ...	Mon., Tues., Wed., Thurs.	Educational Psychologist ...	By arrangement.
	Oculist ...	Thurs. (p.m. and Alt. weeks a.m.)	Audiometrician ...	By arrangement.
Building used by School Health Service.				
NEWTON AYCLIFFE. Dalton Way.	Medical Officer ...	Wed. (a.m.)	Speech Therapist ...	Mon.
	Dental Officer ...	Mon., Tues., Fri.	Educational Psychologist.	By arrangement.
	Oculist ...	Fri. (a.m.)	Audiometrician ...	By arrangement.
Building used by Maternity and Child Welfare and School Health Service.				
RYTON Grange Road.	Medical Officer ...	Alt. Thurs. (p.m.)	Audiometrician ...	By arrangement.
	Dental Officer ...	Mon., Tues. (a.m.), Wed., Thurs.	Educational Psychologist ...	By arrangement.
Building used by Maternity and Child Welfare and School Health Service.				
SEAHAM HARBOUR St. John's Square.	Medical Officer ...	Mon. (a.m.)	Audiometrician ...	By arrangement.
	Oculist ...	Alt. Thurs. (a.m.)	Educational Psychologist.	By arrangement.
	Dental Officer ...	Daily.	Speech Therapist ...	Wed. (p.m.), Thurs. (a.m.), Fri. (p.m.)
Building used by Maternity and Child Welfare and School Health Service.				
SHILDON Hallgarth House, Main Street.	Medical Officer ...	Alt. Fri. (a.m.)	Audiometrician ...	By arrangement.
			Speech Therapist ...	Fri. (p.m.)
Building used by School Health Service.				
SPENNYMOOR. Barnfield Road.	Medical Officer ...	Mon. (a.m.), Thurs. (a.m.)	Audiometrician ...	By arrangement.
	Educational Psychologist.	By arrangement.	Speech Therapist ...	By arrangement.
Building used by Maternity and Child Welfare and School Health Service.				



<i>Clinic</i>	<i>Sessions.</i>		<i>Sessions.</i>	
SPENNYMOOR. Rock Road.	Dental Officer ...	Daily.	Building used by School Health Service.	
STANLEY. High Street.	Medical Officer ...	Tues. (a.m.), Thurs. (a.m.)	Educational Psychologist ...	By arrangement.
	Dental Officer ...	Mon., Tues., Wed., Fri.	Audiometrician ...	By arrangement.
	Oculist ...	Alt. Fridays.	Building used by Maternity and Child Welfare and School Health Service.	
WASHINGTON Victoria Road.	Medical Officer ...	Mon. (a.m.)	Educational Psychologist ...	By arrangement.
	Dental Officer ...	Mon. (a.m.), Wed. (a.m.), Thurs.	Audiometrician ...	By arrangement.
	Oculist ...	Fri. (p.m.)	Speech Therapist ...	Tues. (a.m.)
Building used by Maternity and Child Welfare and School Health Service.				

In addition, E.N.T. sessions with the school medical officer and audiometrician in attendance are held at the following centres as and when required:—

BARNARD CASTLE, COCKFIELD, DUNSTON, EAGLESCLIFFE, HETTON-LE-HOLE, MIDDLETON-IN-TEESDALE, TRIMDON, FRAMWELLGATE MOOR.

Speech Therapy sessions are held at:—

BARNARD CASTLE, DUNSTON, EAGLESCLIFFE, HETTON-LE-HOLE, MIDDLETON-IN-TEESDALE, SEDGEFIELD, WHICKHAM, WINLATON.



**MOBILE DENTAL VANS.**

No. 1	Headquarters	...	Wolsingham	...	...	Mon., Wed., Thurs.
No. 2	"	...	Stillington	...	...	Thurs.
No. 3	"	...	Sedgefield	...	...	Tues., Wed., Thurs.
No. 4	"	...	Boldon Colliery	...	...	Mon. (p.m.), Fri. (p.m.)
No. 5	"	...	Chester-le-Street	...	...	Tues., Wed., Thurs.
No. 6	"	...	Brandon	...	...	Tues. (p.m.), Wed. (a.m.), Thurs., Fri. (p.m.)
No. 7	"	...	Barnard Castle	...	...	Mon., Tues., Wed., Fri.
No. 8	"	...	Birtley	...	...	Daily

**CHILD GUIDANCE.**

(Services available 31st December, 1970).

<i>Place.</i>	<i>Sessions.</i>	<i>Sessions.</i>
BISHOP AUCKLAND CLINIC. 3 Kensington.	Educational Psychologist.  By special arrangement.  Building used by School Health Service.	Psychiatrist ... Tues. (a.m.) Wed. (a.m.) Fri. (a.m.)
DURHAM CHILD GUIDANCE CLINIC. Aykley Heads, Durham.	Educational Psychologist.  By arrangement  Building used by School Health Service.	Psychiatrist ... Mon., Tues., Wed. Thur. (a.m.),
JARROW CLINIC. "Balgownie," Bede Burn Road.	Educational Psychologist.  By arrangement.  Building used by School Health Service.	Psychiatrist ... Wed.
SEAHAM CLINIC. St. John's Square.	Educational Psychologist.  By arrangement.  Building used by Maternity and Child Welfare and School Health Service.	



**PART IV**

**RURAL DISTRICT COUNCIL OF EASINGTON  
EDUCATION COMMITTEE**

(Excepted District).

—

**ANNUAL REPORT of the  
DISTRICT PRINCIPAL SCHOOL MEDICAL OFFICER**

**J. W. A. RODGERS, M.B., B.Ch., D.P.H.**

for the YEAR 1970.



**STAFF OF THE SCHOOL HEALTH SERVICE.**

**DISTRICT PRINCIPAL SCHOOL MEDICAL OFFICER.**

**J. W. A. Rodgers, M.B., B.Ch., D.P.H.**

**2 SCHOOL MEDICAL OFFICERS.**

**1 AREA DENTAL OFFICER.**

**2 SCHOOL DENTAL OFFICERS.**

**2 CONSULTANT OPHTHALMOLOGISTS. (Part-time)**

Post	Name	Qualifications	Grade	Salary
District Principal School Medical Officer	J. W. A. Rodgers	M.B., B.Ch., D.P.H.	Principal	£1,200 p.a.
School Medical Officer				
School Medical Officer				
Area Dental Officer				
School Dental Officer				
School Dental Officer				
Consultant Ophthalmologist (Part-time)				
Consultant Ophthalmologist (Part-time)				



PERIODIC MEDICAL INSPECTIONS

Medical Inspections are still carried out in the three groups:—Entrants, Ten Plus Age Group and Last Year of Compulsory Education.

Age Groups Inspected (By Year Birth)	Number of Pupils who have received full medical examination	Physical Condition of Pupils Inspected		Number of Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Number Satisfactory	Number Unsatisfactory	Defective Vision (excluding squint)	For any other condition recorded at Part II	Total individual Pupils
1966 and later	37	37	—	—	5	5
1965	265	264	1	22	49	65
1964	490	486	4	60	85	120
1963	569	565	4	106	101	173
1962	89	89	—	16	13	25
1961	—	—	—	—	—	—
1960	—	—	—	—	—	—
1959	27	26	1	8	8	13
1958	41	41	—	8	6	11
1957	52	51	1	8	11	16
1956	232	229	3	41	40	68
1955 and earlier	320	318	2	71	60	114
	2,122	2,106	16	340	378	610

The percentage of children whose physical condition was found to be unsatisfactory was 0.75%, a small increase over 1969 when the figure was 0.59%.

The number of children inspected was 2,133 of which 11 were “specials”.

49 re-inspections were carried out.

The number of children in schools at January, 1971, was, 17,058 divided as follows:—

	Number.	Children on Roll.
Nursery	1	40
Primary	46	10,685
Secondary, Grammar, Comprehensive	13	6,213
E.S.N. Day	1	120
	<u>61</u>	<u>17,058</u>



DEFECTS FOUND AT MEDICAL INSPECTION DURING THE YEAR.

Defect or Disease.	Periodic Inspections.							
	Entrants.		Leavers.		Others.		Total.	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin ... ..	40	10	22	1	5	1	67	12
Eyes—								
(a) Vision ... ..	204	145	111	25	24	7	339	177
(b) Squint ... ..	83	26	17	4	8	1	108	31
(c) Other ... ..	2	—	1	—	1	—	4	—
Ears—								
(a) Hearing ... ..	19	104	4	2	—	2	23	108
(b) Otitis Media ... ..	4	12	3	3	2	1	9	16
(c) Other ... ..	5	1	3	—	2	—	10	1
Nose and Throat ... ..	48	189	7	5	3	2	58	196
Speech ... ..	9	36	1	1	—	—	10	37
Lymphatic Glands ... ..	—	8	1	1	—	—	1	9
Heart ... ..	3	14	—	4	—	—	3	18
Lungs ... ..	21	26	8	7	1	2	30	35
Developmental—								
(a) Hernia ... ..	4	8	—	—	—	—	4	8
(b) Other ... ..	2	10	1	—	—	—	3	10
Orthopaedic—								
(a) Posture ... ..	—	—	—	—	—	—	—	—
(b) Feet ... ..	16	8	3	6	2	2	21	16
(c) Other ... ..	6	7	8	6	1	—	15	13
Nervous System—								
(a) Epilepsy ... ..	2	2	4	—	—	—	6	2
(b) Other ... ..	3	3	5	—	—	1	8	4
Psychological—								
(a) Development ... ..	5	17	3	6	—	2	8	25
(b) Stability ... ..	7	11	5	5	—	1	12	17
Abdomen ... ..	11	11	1	4	1	3	13	18
Other ... ..	8	7	20	3	2	1	30	11

(T) Number of pupils found to need treatment.

(O) Number of pupils found to need observation.



SPECIAL INSPECTIONS

Disease or Defect	Pupils requiring Treatment	Pupils requiring Observation
Skin ... ..	3	—
Eyes—		
(a) Vision ... ..	1	—
(b) Squint ... ..	—	—
(c) Other ... ..	—	—
Ears—		
(a) Hearing ... ..	—	1
(b) Otitis Media ... ..	—	—
(c) Other ... ..	—	—
Nose and Throat ... ..	—	—
Speech ... ..	—	—
Lymphatic Glands ... ..	—	—
Heart ... ..	—	1
Lungs ... ..	1	—
Development—		
(a) Hernia ... ..	—	—
(b) Other ... ..	—	—
Orthopaedic—		
(a) Posture ... ..	—	—
(b) Feet ... ..	—	1
(c) Other ... ..	—	2
Nervous System—		
(a) Epilepsy ... ..	—	—
(b) Other ... ..	—	1
Psychological—		
(a) Development ... ..	—	1
(b) Stability ... ..	3	—
Abdomen ... ..	1	—
Other ... ..	—	—



PERMANENT SCHOOL CLINIC

<i>Clinic</i>	<i>Sessions</i>			
PETERLEE Fleming Place	Medical Officer	...	...	Friday
	Dental Officer	...	...	Daily
	Speech Therapist	...	...	Mon., Wed. (a.m.), Thurs., Fri. (p.m.)
	Child Guidance Clinic	...	...	Wednesday (alternate)
	Educational Psychologist	...	...	By arrangement
	Audiometrician	...	...	By arrangement
	Ophthalmologist	...	...	Friday (a.m.)
Building used by Maternity and Child Welfare and School Health Service				
MURTON Woods Terrace	Medical Officer	...	...	Alternate Thurs. (a.m.)
	Dental Officer	...	...	Wednesday and Friday
	Speech Therapist	...	...	Tuesday (a.m.)
	Educational Psychologist	...	...	By arrangement
	Audiometrician	...	...	By arrangement
Building used by Maternity and Child Welfare and School Health Service				
WINGATE 'Oaklea' Fir Tree	Medical Officer	...	...	Alternate Monday (a.m.)
	Dental Officer	...	...	Monday, Tuesday, Thursday
	Speech Therapist	...	...	Wednesday (p.m.)
	Educational Psychologist	...	...	By arrangement
	Ophthalmologist	...	...	Wednesday (a.m.)
Building used by Maternity and Child Welfare and School Health Service				
WHEATLEY HILL School House, Front Street	Medical Officer	...	...	Alternate Thursdays (p.m.)
	Educational Psychologist	...	...	By arrangement
Building used by Maternity and Child Welfare and School Health Service				

The School Clinics continue to be held at fixed times to allow Head Teachers, Education Welfare Officers, etc., to refer children without previous appointments when they require medical examination. The majority of children seen at school clinics attend by appointment e.g., persistent absentees, requests for change of school, behaviour problems, etc. The majority of college entrants and adult staff examinations are carried out during the routine clinic times.



ANALYSIS OF CASES EXAMINED AT THE SCHOOL CLINICS DURING THE YEAR, 1970.

Defect or Disease.	No. of Cases.	No. of Examinations.
Cleanliness ... ..	—	—
Infestation—		
Head ... ..	1	1
Body ... ..	—	—
Teeth ... ..	1	1
Skin—		
(a) Ringworm of Scalp ... ..	—	—
(b) Ringworm of Body ... ..	1	1
(c) Other ... ..	13	21
Eyes—		
(a) Vision ... ..	43	45
(b) Squint ... ..	—	—
(c) Other ... ..	4	4
Ears—		
(a) Hearing ... ..	446	1,009
(b) Otitis Media { R ... ..	1	1
L ... ..	—	—
(c) Other ... ..	1	3
Nose and Throat ... ..	17	25
Speech ... ..	8	8
Lymphatic Glands ... ..	—	—
Heart and Circulation ... ..	5	6
Lungs ... ..	11	24
Development—		
(a) Hernia ... ..	—	—
(b) Other ... ..	2	2
Orthopaedic—		
(a) Posture ... ..	—	—
(b) Feet ... ..	2	2
(c) Other ... ..	8	11
Nervous System—		
(a) Epilepsy ... ..	1	1
(b) Other ... ..	6	10
Psychological—		
(a) Development ... ..	9	14
(b) Stability ... ..	62	172
Abdomen ... ..	10	12
General Debility ... ..	17	65
Others ... ..	9	12
No appreciable Defect or Disease ... ..	3	3
Totals ... ..	693	1,453



## OTHER FACILITIES FOR MEDICAL TREATMENT

### *Vision Testing*

Weekly sessions continue to be held at Peterlee and Wingate School Clinics. During the year, 633 children were tested and spectacles were prescribed in 273 cases.

69 children who required orthoptic treatment were referred to Sunderland Eye Infirmary.

Vision Testing was also carried out in schools prior to school medical inspection.

### *Audiometric Testing*

The Audiometrician continued to visit Infant Schools to carry out a sweep test of hearing and 45 schools were visited during the year. 3,781 children were tested and of these, 291 i.e. 7.70% failed testing. In addition all children requiring speech therapy or for examination as possibly educationally sub-normal are also tested for possible hearing loss.

1,335 appointments for audiometric tests were arranged at school clinics throughout the area during the year and the results were as follows:—

<i>P.H.U.</i>	<i>Referred to G.P.</i>	<i>For further observation</i>	<i>Appointments not kept</i>	<i>No further action</i>
1	93	704	311	226

### *Hearing Aids*

All children with hearing aids who attend ordinary schools are seen at intervals by the school medical officers together with Mr. L. C. Smith, County Organiser for Deaf Education. Annual reports are also received from the Head Teachers on the pupils educational progress. After the reports are received, the children are then examined to ensure that each is receiving the maximum benefit from the hearing aid. At the end of 1970, 17 children were wearing hearing aids, 12 of these were attending ordinary schools, three attending Partially Hearing Units, one was attending residential school for the deaf and one was a pre-school child. In addition, pre-school children referred by the Chief Nursing Officer as having possible hearing defects are also seen at these joint clinics.

### *Child Guidance Clinic*

Dr. E. Bruce, Assistant Psychiatrist, holds one day sessions on alternate Wednesdays at Peterlee Clinic.

During the year, there were 153 attendances by 43 children. Of these, 14 were carried forward from 1969 and 29 were new cases. 15 children were discharged from treatment during the year and one girl was admitted to the Chester-le-Street Children's Homes. One boy who was admitted to Leafield Hostel in 1969 attended child guidance and one boy was recommended for admission to Leafield Hostel.

One boy seen at the child guidance clinic was recommended for placement at Redworth Hall Residential School and one boy was placed in Red Hill Special School.

At the end of the year two girls and two boys were awaiting placement in schools for the maladjusted.

There is still a lengthy waiting list and children have to wait several weeks for an appointment. Cases are generally referred by an educational psychologist, family doctor and the courts.

### *Other Examinations*

Physically and mentally handicapped children are ascertained either at clinics or where necessary at home.



The following figures show distribution of handicapped children in the various categories at the end of the year.

Blind	...	...	...	...	...	...	...	...	4
Partially sighted	...	...	...	...	...	...	...	...	8
Deaf	...	...	...	...	...	...	...	...	3
Partially hearing	...	...	...	...	...	...	...	...	8
Physically Handicapped	...	...	...	...	...	...	...	...	25
Delicate	...	...	...	...	...	...	...	...	10
Epileptic	...	...	...	...	...	...	...	...	—
E.S.N.	...	...	...	...	...	...	...	...	179
Maladjusted	...	...	...	...	...	...	...	...	11

The above figures include pupils at ordinary schools. In all, 39 children are attending special schools. (Apart from E.S.N.).

(a) *Blind*

During the year, one pupil moved out of the area and another transferred from Queen Alexandra College to the Royal Normal College. At the end of the year, there were four pupils in residential schools for the blind.

*Partially Sighted*

During the year, one pupil left a Residential School for Partially Sighted and one pupil was admitted to the Day School for Partially Sighted making a total of eight pupils in residential and day schools at the end of the year.

(b) *Deaf and Partially Hearing*

During the year, one pupil was admitted to the Northern Counties Boarding School for Deaf, making a total of three pupils in boarding schools at the end of the year. Five pupils were admitted to the Partially Hearing Unit during the year and twelve pupils left. Four of the five pupils who were admitted, left before the end of the year, leaving eight pupils in Partially Hearing Units at the end of the year.

(c) *Physically Handicapped Pupils*

One pupil left a boarding school during the year and there are four pupils in day schools making a total of six pupils in schools for the physically handicapped.

At the end of the year, four pupils were receiving home tuition. One boy who was recommended for home tuition during the year was admitted to a Day School for Partially Sighted and two pupils were still awaiting home tuition at the end of the year.

Fifteen pupils were receiving special transport to schools at the end of the year.

(d) *Delicate Pupils*

During the year, one pupil was admitted to a boarding school and two pupils left such schools making a total of three pupils in boarding schools at the end of the year. Four pupils were receiving home tuition and two were receiving special transport to school. At the end of the year, one pupil was still awaiting placement in a special school for delicate children.

(e) *Epileptic Pupils*

Special transport was discontinued for one boy who left an ordinary school at the end of the summer term.

(f) *Educationally Sub-normal Pupils*

Five pupils were admitted to residential schools for the educationally sub-normal and four pupils left during the year making a total of 16 pupils attending residential schools at the end of the year. 119 pupils are attending the Special Day School at Horden. At the end of the year, there were still 4 children attending the Day School living outside Easington Rural District area.

(g) *Maladjusted Pupils*

During the year, two boys were admitted to residential schools for the maladjusted and one boy left. One pupil transferred from Cicely Haughton Residential School to Redworth Hall making a total of seven pupils in residential schools. At the end of the year two girls and two boys were still awaiting placement.



*Miscellaneous medical examinations* (figures in brackets relate to 1969):—

For part-time employment while still attending school ... ..	2	(5)
College entrants and intending teachers ... ..	101	(107)
Superannuation and sick pay cases ... ..	95	(156)

*Vaccination and Immunisation*

Heaf testing of school entrants, testing and B.C.G. vaccination of children in secondary modern schools was carried out by the Medical Officer of Health and his staff. The Medical Officer also offered a further course of Rubella vaccination to all thirteen-year-old girls in senior schools.

During the year a total of 38 schools were visited by the School Medical Officer and staff in order to carry out Poliomyelitis and Diphtheria/Tetanus vaccination. 117 full courses of poliomyelitis and 321 poliomyelitis boosters were given. In an offer to school entrants, 450 booster doses and 112 primary immunisations of diphtheria/tetanus were given.

DENTAL SERVICES

The four dental surgeries are still in operation, two surgeries at Peterlee working full time and Wingate and Murton part-time. Mr. D. A. Dixon, Consultant Orthodontist attended Peterlee Clinic each month and Dr. H. G. Saunders, Consultant Anaesthetist attends all clinics to administer general anaesthetics.

*Attendances and Treatment*

	Age 5—9	Age 10—14	Age 15+	Total
First visit ... ..	1,585	1,428	266	3,279
Subsequent visits ... ..	2,075	2,542	383	5,000
Total visits ... ..	3,660	3,970	649	8,279

Additional courses of treatment commenced ...	125	153	15	293
Fillings in permanent teeth ... ..	1,736	3,508	789	6,033
Fillings in deciduous teeth ... ..	1,717	41	—	1,758
Permanent teeth filled ... ..	1,338	2,919	738	4,995
Deciduous teeth filled ... ..	1,425	34	—	1,459
Permanent teeth extracted ... ..	128	546	88	762
Deciduous teeth extracted ... ..	2,545	705	—	3,250
General anaesthetics ... ..	849	365	22	1,236
Emergencies ... ..	47	33	6	86
Number of pupils x-rayed				281
Prophylaxis				366
Teeth otherwise conserved				404
Number of teeth root filled				20
Inlays				1
Crowns				7
Courses				2,661



### Orthodontics

Cases remaining from previous year	...	...	...	...	...	...	...	96
New cases commenced during year	...	...	...	...	...	...	...	150
Cases completed during year	...	...	...	...	...	...	...	106
Cases discontinued during year	...	...	...	...	...	...	...	12
No. of removable appliances fitted	...	...	...	...	...	...	...	205
No. of fixed appliances fitted	...	...	...	...	...	...	...	4
Pupils referred to hospital Consultant	...	...	...	...	...	...	...	30

### Prosthetics

	5—9	10—14	15+	Total
Pupils supplied with F.U. or F.L. (1st time)	—	—	—	—
Pupils supplied with other dentures (1st time)	1	19	5	25
Number of dentures supplied	1	23	5	29

### Anaesthetics

General anaesthetics administered by dental officers	...	...	...	...	...	...	...	Nil
--	-----	-----	-----	-----	-----	-----	-----	-----

### Inspections

(a) First inspection at school. Number of pupils	...	...	...	...	...	...	...	7,400
(b) First inspection at clinic. Number of pupils	...	...	...	...	...	...	...	886
Number of (a) + (b) found to require treatment	...	...	...	...	...	...	...	3,702
Number of (a) + (b) offered treatment	...	...	...	...	...	...	...	3,680
(c) Pupils re-inspected at school or clinic	...	...	...	...	...	...	...	1,053
Number of (c) found to require treatment	...	...	...	...	...	...	...	374

### Sessions

Sessions devoted to treatment	...	...	...	...	...	...	...	1,182
Sessions devoted to inspection	...	...	...	...	...	...	...	48
Sessions devoted to dental health education	...	...	...	...	...	...	...	10

## NURSING AND HEALTH VISITOR SERVICES

### Cleanliness Inspection in Schools

The four school nurses carried out the majority of cleanliness inspection with some help from health visitors. 718 visits were made to schools, details as follows:—

	No. Inspected	No. Unclean	No. Verminous
1st Inspection	14,800	10	10
1st Re-inspection	1,717	2	3
2nd Re-inspection	1,885	2	10
3rd Re-inspection	1,703	1	10
4th Re-inspection	2,005	3	14
5th Re-inspection	2,252	3	10
6th Re-inspection	1,926	8	7
7th Re-inspection	1,546	15	3
8th Re-inspection	1,282	10	6
9th Re-inspection	1,202	7	10
10th Re-inspection	519	5	9
11th Re-inspection	40	—	5
12th Re-inspection	24	—	—

Following these inspections, 2,288 visits were paid to the children's homes. School nurses also made follow-up visits to the homes of those children who have been discharged from hospital.

School nurses have also carried out visits following complaints by education welfare officers, head teachers, etc. (e.g. query scabies and impetigo) and also in connection with various services of the Health Department applicable to school children. The school nurses also carried out a large number of foot inspections both in homes and schools.



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